

& IT'S
FREE!

REPRODUCE ME
BABY!!!



FERTILITY

AWARENESS

FOR

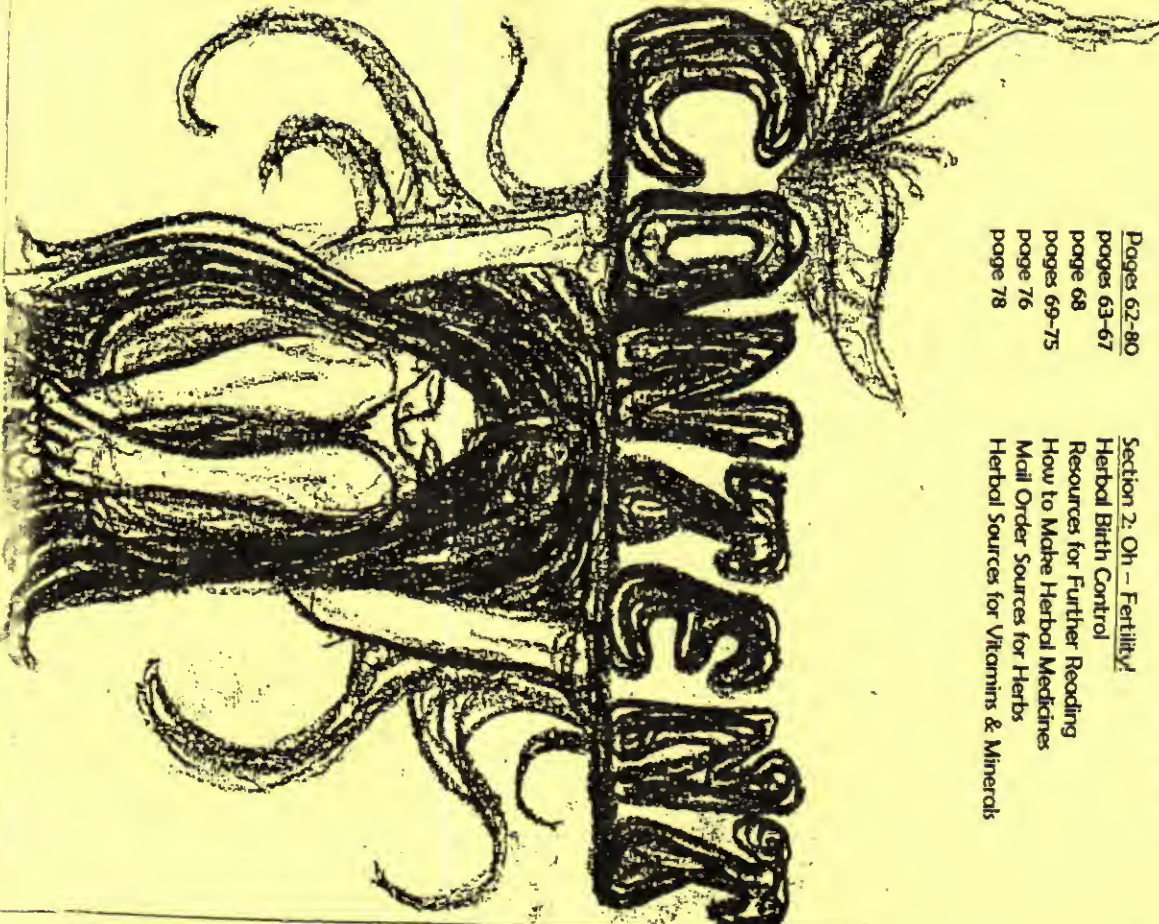
NON- INVASIVE BIRTH CONTROL



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 Politics of Birth Control
 The Three Fertility Signs
 How to Chart these Signs
 Using a Chart for Birth Control
 Glossary
 Answers to Common Questions
 Resources for More Info
 A Master Chart to photocopy (@ 135%)

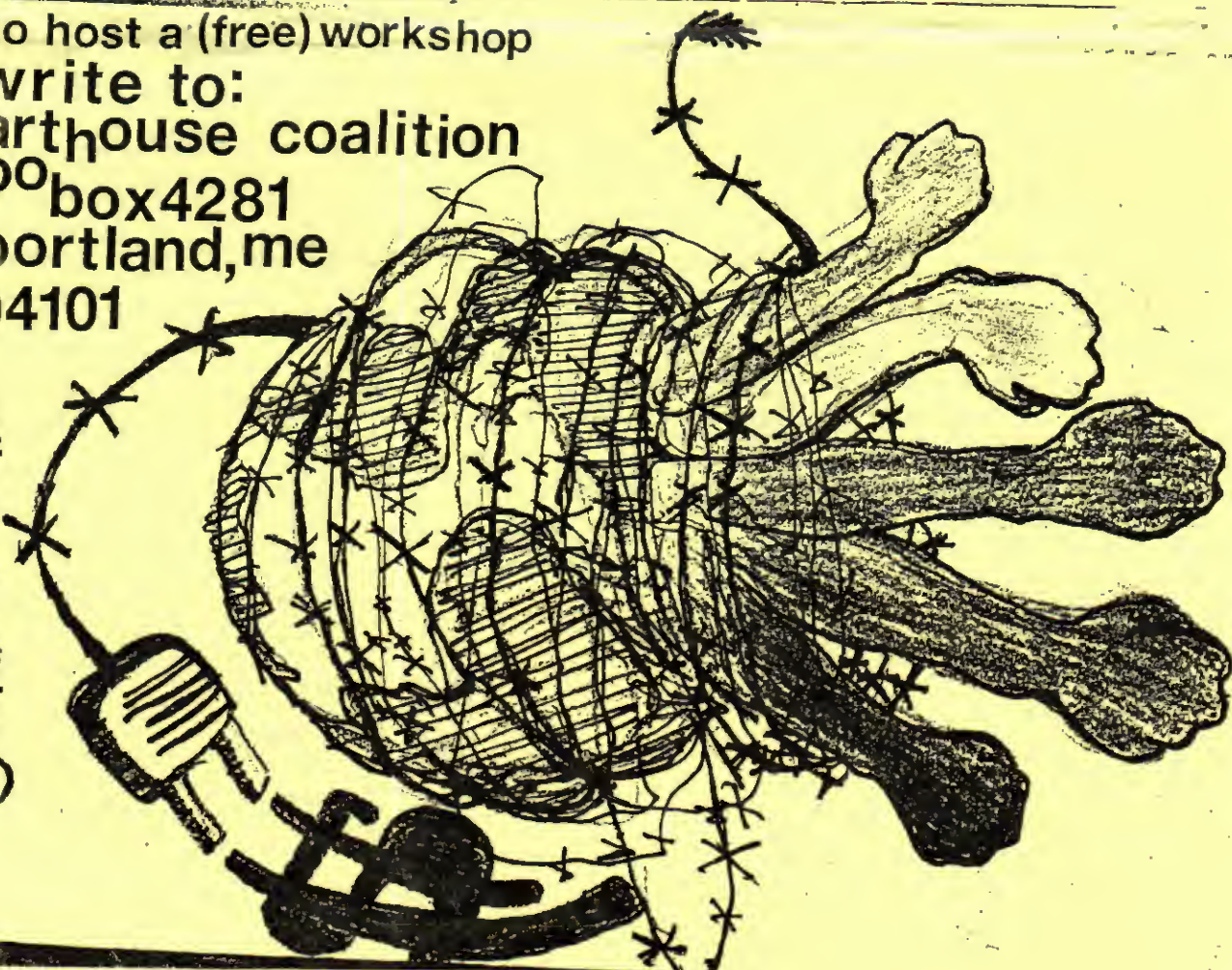
Section 2: Oh - Fertility!
 Herbal Birth Control
 Resources for Further Reading
 How to Make Herbal Medicines
 Mail Order Sources for Herbs
 Herbal Sources for Vitamins & Minerals



be well - it's
 just one more way
 to RESIST !!!!!!!

to host a (free) workshop
 write to:
 arthouse coalition
 po box 4281
 portland, me
 04101

arthousecoalition@a



*Burdock: Gathering for a Tree & Sustainable Future event happened in Farm InStarks, Maine in Aug 2002, where this zine was announced by a workshop of the same name....

word to my Sisters

(& our partners):

Holy shit has it been a long hard reproductive journey to get to this pamphlet you now hold in your hands? & Burdock's just the right context in which to share it with you. Part & parcel, this stuff is inseparable from any truly 'free & sustainable future' we could imagine for ourselves. Sounds deep, is deep.

Firstly, this is the product of the wisdom & guidance copied & studied from other women's published works (all illustrations are 'mine' unless noted) - all of which are listed below & strongly recommended. Get your hands on them:

- 1) Taking Charge of Your Fertility: The Definitive Guide to Natural Birth Control & Pregnancy Achievement
By Toni Wechler, MPH; 2000, NY, Perennial
- 2) Wise Woman Herbal for the Childbearing Year, & (1986)
- 3) Wise Woman Herbal: Healing Wises, 1989
Both by Susan S. Weed; NY, Ash Tree Publishing.

This stuff you have here represents generations of what we'd now call mutual-aid - what for many of the world's peoples is straight-up common sense; helping one another is helping (y)ourselves. Some of the knowledge herein is ancient, & is still being practiced by wise women of our world's first nations. The advent of the fertility awareness method incorporating the use of relatively minute temperature changes is certainly a more modern innovation, but aspects of this method have been used by women for ages. It's about time we stop kidding ourselves about being so fucking liberated by THE PILL - Western medicine's feminist posturing would be laughable were it not so destructive, so endlessly pervasive, so FUCKING wrong.

The initial benefits of studying fertility awareness & herbal remedy are a sense of self-awareness unlike any other (in my experience), an eventual self-determination in some of the most significant aspects of our lives. Much of this info is merely an invitation to listen to what our bodies tell us all the time. Our bodies truly are the best guidance. The problem lies in the fact that we are trained from prepubescence to suppress this information - in fact almost all information our bodies and our cycles give us. As so many of us know quite intimately, the concept & practice of birth control in US culture is all too often a lifetime of damage control for women, who alone bear most of the burden and risk. For many of us, the negative consequences, side effects, and stress of birth control outweigh much of the pleasure of sexual relations. And this, dear sisters, is fucked.

For more info about upcoming 'Burdock's' - email resist207@riseup.net... If you'd like to host a fertility awareness workshop, email me: erthou@coalitiondriesup.net....

POTASSIUM: Chamomile, Comfrey, Coltsfoot, Watercress, Nettles, Dandelion, Alfalfa, Yarrow, Borage, Chicory, Eyebright, Mint, Plantain, Parsley, Kelp, Dulse
Depleted by: excessive urination or perspiration, vomiting, diarrhea, enemas, coffee, sugar, salt, alcohol

MAGNESIUM: Watercress, Alfalfa, Parsley, Primrose, Mullein, Wild Lettuce, Dulse, Carrot tops, and especially Dandelion greens
Depleted by: alcohol, chemical drugs, enemas

IRON: Nettles, Dandelion, Alfalfa, Yellow Dock, Chickweed, Burdock, Kelp, Mullein, Sorrel, Parsley, Comfrey, Chicory, Watercress, Fennel
Depleted by: lack of high-quality protein, coffee, enemas, black teas

SILICON: Spinach, Horsetail, Dandelion, Nettles, Leeks, Strawberries

MANGANESE: Alfalfa, Parsley, Spinach, Watercress
Depleted by: "cleansing" the liver

FLUORINE: Watercress, Spinach, Garlic
Depleted by: excessive calcium in the body, aluminum salts in the body

COPPER: Watercress, Alfalfa, Parsley, Kale, Nettles, Spinach, Cabbage, Chickweed (exceptionally high)

SULPHUR: Nettles, Plantain, Parsley, Coltsfoot, Garlic, Watercress, Mullein, Eyebright, Shepherd's Purse, Cabbage family vegetables, Sage

IODINE: Watercress, Parsley, Sarsaparilla, Seaweeds such as Kelp and Dulse, Mushrooms, Irish Moss

ZINC: Watercress
Depleted by: alcohol, pregnancy, oral contraceptives, air pollution

SHARE THE WEALTH—

Fucking is — or should be — pleasure (and yes, some responsibility). Fucking should not be a matter of choosing which nasty chemical implant will cause the least carcinogenic side effects, choosing the device that will be least likely to leave you barren later on, or picking out the least invasive abortion procedure. We don't need to hitch ourselves every time it seems our period shows up late. What we need is to know when we are fertile; i.e. when our bodies are capable & ready to create & sustain a new life.

Unlike men, who are virtually ALWAYS fertile, women are fertile a mere few days each cycle. We produce a fertile-quality cervical fluid (in which sperm can survive for up to 3-5 days) for a few days to a week before ovulating, during which we release an egg (occasionally two), which survives for only 12-24 hours. For the very beginning of your cycle and after you ovulate, you are simply NOT fertile, & thus incapable of hosting the creation of a new life. Furthermore, you don't need all those dangerous chemicals and invasive devices for most of your cycle. Their use only suppresses your body's ability to relay all the information you need to know about what's going on in there.

Now consider the sickening irony: compare the very long list of dangerous, unpleasant, invasive birth control methods designed to suppress female fertility — most of them semi-permanently, permanently, or for extended periods of time, with those designed to inhibit the fertility of men. We can choose from a whole slew of wonders, from ingesting daily doses of chemical hormones (the pill), injecting them every three months (depro-provera), implanting silicon under our skin (norplant), plugging up our cervix (cervical cap), inserting devices into our uterus (IUD), sponges, diaphragms, spermicide, forced sterilization, and the list goes on. For men, who are fertile ALL DAY EVERY DAY FROM PUBERTY UNTILL OLD AGE, we find a modest list of benign devices: condoms, 'pulling out', & the occasional vasectomy. Sure dose make you want to holler.

Fertility awareness and the wise use of herbal knowledge are also forms of active resistance, especially in our current cultural & and political climate. By releasing ourselves from what is some of the most pervasive and unacknowledged forms of oppression, affecting a mere majority of the world's population, we put a fit in the face of systemic, patriarchal (& yes, capitalist) domination. We reclaim ourselves, our friends, our children, our sexuality, our pleasure, all of which is essential in the process of reclaiming the rest of what's ours — our sites, waters, land, air, bio-regions, our sister-species, et cetera et cetera and infinitum. We relieve ourselves from the horrible dependency on a medical system that grows fat profiting from making us sick. Not only can we unplug our biological functions from 'the Man' & his multi-national pharmaceutical behemoth, not only can we unleash our bodies from their slavish toxins, but we likewise release our ability for pleasure that is unmitigated by pain, suffering, & side-effects, pleasure that is not predicated upon our ill health.

The 'medical establishment' has been long aware of the fertility awareness method. While this method is as successfully practiced to achieve pregnancy as it is to avoid it, the 'experts' refuse to promote it among their 'clients'. They insist that fertility awareness is far too complicated for 'most women' to understand. They also claim that 'most women' can't be bothered with such inconveniences, the hassles of the daily routine (the average 2-5 minutes a day it takes to chart your fertility sign). So instead, they offer us the convenience of carcinogens. Obviously it's not in the interest of 'the establishment' to promote health & self-reliance. As usual, we have to roll up our sleeves & do it ourselves. Here's to reproductive freedom — here's to resistance!!

REPRODUCE!

(this zine...)

VITAMIN B12: Alfalfa, Comfrey, Miso, Seaweeds such as Kelp and Dulce, Catnip
Depleted by: alcohol, coffee, tobacco, narcotic drugs, laxatives

NIACIN, VITAMIN B FACTOR: Burdock root and seed, Dandelion, Alfalfa, Parsley
Depleted by: sugar, antibiotics

VITAMIN C: Elderberries, Rose hips, Watercress, Pine needles, Parsley, Cayenne, Dandelion greens, Chicory, Violet leaves, Red Clover, Burdock, Coltsfoot, Paprika, Comfrey, Plantain, Nettles, Primrose, Wormwood, Alfalfa
Depleted by: antibiotics, aspirin and other pain-relievers, coffee, cortisone, sulfa drugs, smoking anything, baking soda, mental and physical stress, infections, injuries, DDT, inhalation of petroleum fumes, aging, burns, high fevers

VITAMIN D: Alfalfa, Nettles, Sunshine
Depleted by: mineral oil

VITAMIN E: Watercress, Alfalfa, Rosehips, Raspberry leaf, Dandelion, Seaweeds
Depleted by: mineral oil, oral contraceptives, sulphates

VITAMIN K: Alfalfa, Nettles, Kelp
Depleted by: frozen foods, rancid fats, radiation, x-rays, aspirin, air pollution, antibiotics, mineral oil, enemas

Herbal Sources of Minerals

CALCIUM: Alfalfa, Red Clover, Raspberry leaf, Comfrey, Nettles, Parsley, Watercress, Cleavers, Horsetail, Coltsfoot, Plantain, Chamomile, Shepherd's Purse, Borage, Chicory, Dandelion, Kelp, Dulce
Depleted by: lack of exercise, enemas, coffee, sugar, salt, alcohol, cortisone

PHOSPHORUS: Caraway seeds, Parsley, Watercress, Nettles, Chickweed, Alfalfa, Licorice, Marigold petals, Raspberry leaf, Chicory, Dandelion, Comfrey
Depleted by: sugar, mental stress, high-fat diet

Herbal Sources of Vitamins

VITAMIN A: Alfalfa, Watercress, Parsley, Nettles, Violet leaves, Cayenne, Paprika, Eyebright, Raspberry leaf, Grape leaves, Dandelion, Comfrey, Chicory, Elderberries, Lamb's Quarters, Nori, Yellow Dock

Depleted by: fluorescent lights, mineral oil, liver "cleansing," coffee, alcohol, cortisone, chemical drugs, excessive intake of iron, lack of available protein in the body

VITAMIN B COMPLEX: Comfrey, Red Clover, Parsley

Depleted by: sulfa drugs, sleeping pills, insecticides, estrogen, sugar, alcohol

THIAMINE, VITAMIN B1: Dandelion, Alfalfa, Red Clover, Fenugreek, Grape leaves, Parsley, Raspberry leaf, Seaweeds such as Nori and Kelp, Catnip, Watercress

Depleted by: alcohol, coffee, sugar, tobacco, narcotic drugs, raw oysters

RIBOFLAVIN, VITAMIN B2: Rose hips, Parsley, Saffron, Dandelion, Dulce, Kelp, Fenugreek

Depleted by: alcohol, coffee, sugar, tobacco, narcotic drugs, raw oysters, plus restricted diets

PYRIDOXINE, VITAMIN B6: Produced by healthy intestines; found in all whole grains

Depleted by: consipation, fasting, oral contraceptives, tobacco, radiation, pregnancy, lactation, coffee, narcotic drugs, aging, heart problems, alcohol

JUST
THOUGHT THESE
LAST THREE PAGES MIGHT BE HELPFUL

THE (gulp)

Disclaimers:

1

That said: This info is yours to be used thoughtfully & consciously & with careful attention to your own body's wisdoms. It is being shared with you with the understanding that you accept any & all responsibility for your own actions. Birth control is always risky business, and these methods are no different. UNLESS you take heed, do your homework, & ask questions. DO practice them patiently & with much awareness. The benefits come with slow, careful practice & are incomplete without further research, & dialogue with other women (& partners, of course). Do seek the guidance of wise, experienced women, & do share your guidance & experience with other women in turn. And remember - the more diligent you are in practicing these methods, the more reckless you can be where it counts.

2

Strategies herein consist solely of 'how not to be pregnant' strategies, especially in that these methods do not in any way protect you or your partner from sexually transmitted diseases, such as AIDS. If you are enjoying more than one partner &/or haven't been tested, wear condoms during all intercourse. The information herein will only be useful as extra-birth control & self-awareness.

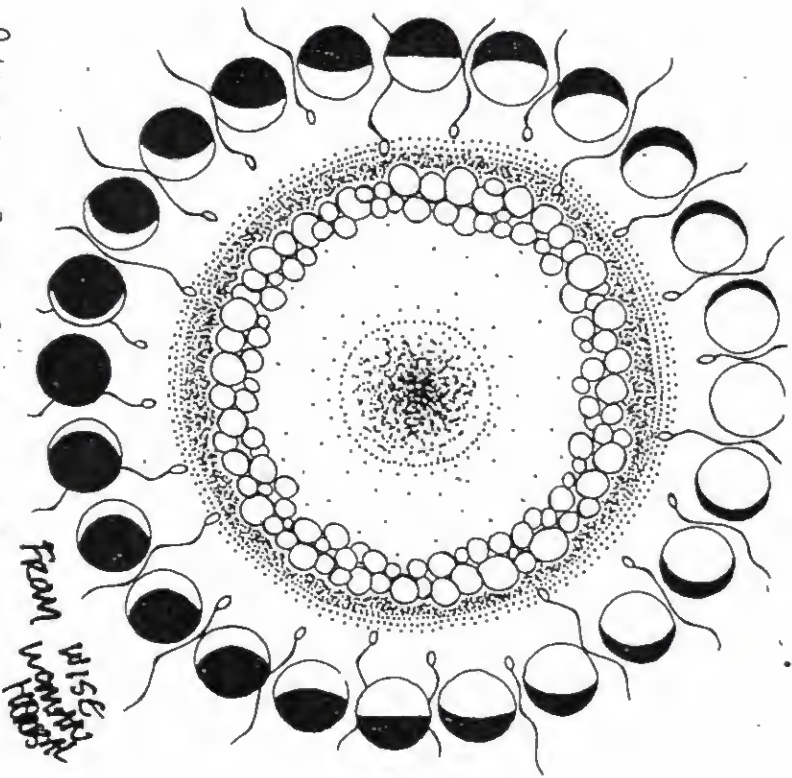
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If you feel you need to medical attention - by all means - seek it. There comes a time when we all have to suck it up and see a doctor. This pamphlet is made up primarily of preventative solutions, things that you can do for yourself that will keep you healthy and in control of (not to mention in dialogue with) your own body. For instance, the knowledge herein will let you know when you are fertile, i.e., when you could get pregnant during your cycle- so that you can: a) prevent the need for harmful, invasive, & unnecessary methods of birth control, b) so you can prevent unplanned pregnancy, c) so you can prevent the need for abortions, et cetera. Preventative practices & (appropriately) practiced contemporary Western medicine are in no way mutually exclusive; oftentimes means of preventative treatment will keep you healthy enough that you don't need certain kinds of medical attention, but when your body tells you that you need to, you need to. Charting your body's cycles will also be rather helpful in highlighting, either over the course of time or immediately, certain signs of ill health &/or potential health problems you may not have otherwise known existed, or whose causes you were not aware of. Furthermore - the act of keeping such personal, in depth records often lessens the risk of being misdiagnosed when indeed you do seek medical attention in the future - a BIG plus.

3

Section 1

FERTILITY?



POLLINATES OF BIRCH CONTRACEPTION: 5-8

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CHARACTER (MASTER-CHARACTER) TO FERTILITY: 60

FOR THE 'MORNING AFTER' PILL,

STAND YOU FEEL

emergency

YOU NEED IT.

contraception -

GOOD WITH

1800 not too late

7 DAYS OF UNPLEASANT FERTILITY INTERCOURSE.

Echinacea Tincture

77

- 1 ounce dried Echinacea augustifolia roots
- or
- 4 ounces fresh Echinacea roots (any species)
- 5 fluid ounces 100 proof vodka
- or spirit of your choice

Chew dried Echinacea root; if potent, it will cause a numbing, tingling sensation on the tongue.

Combine roots and vodka in a pint jar; use enough vodka to totally cover fresh roots. Seal and label. Keep at room temperature, out of direct light, for six weeks. Then pour off the tincture into a brown glass bottle. Remove what tincture remains in roots by squeezing or spinning. Label and store in a cool, dark cupboard.

1 once made Echinacea tincture in a French raspberry liqueur; family and friends considered it delicious enough to be an aperitif. An Irish friend uses Jamison's whiskey. Adjust the dosage if your spirit is less than 100 proof (50% alcohol). For 80 proof tinctures, increase dosage by 10%.

The dose, preventatively, is 5-15 drops, taken two or three times a day. The dose, curatively, is up to one drop per pound of body weight, taken twice a day.

1 INCLUDE THIS RECIPE

BECAUSE ECHINACEA TINCTURE IS A MARVEL - AND BECAUSE

AVENA BOTANICALS IS HIGH QUALITY STUFF IN RIGHT HERE "MAINE"

Mail Order Sources for Herbs

Unless otherwise noted, all herbs are wildcrafted and organically-grown.

Avena Botanicals

219 Mill St, Rockport, ME 04856
207-594-0694

Blessed Herbs

109 Barre Plains Rd, Oakham, MA 01068
1-800-489-4372

Ryan Drum

"Better herbs for better medicines." Source of superb kelp.
Waldron Island, WA 98297

Equinox Botanicals

"The combined experience of a physician, an herbalist, and a midwife."
33111 Township Rd #447, Rutland OH 45775
740-742-2548

Frontier Cooperative Herbs

Retail and wholesale bulk herbs, tinctures, essential oils, and lots more.
Box 299, Norway IA 52318
1-800-669-3275

Green Terrestrial Herbs

"In co-creation with the devas."
328 Lake Ave, Greenwich, CT 06830
203-862-8690

HerbPharm

"The highest quality, chemical-free herb products available."
PO Box 116, Williams, OR 97544
1-800-348-4372

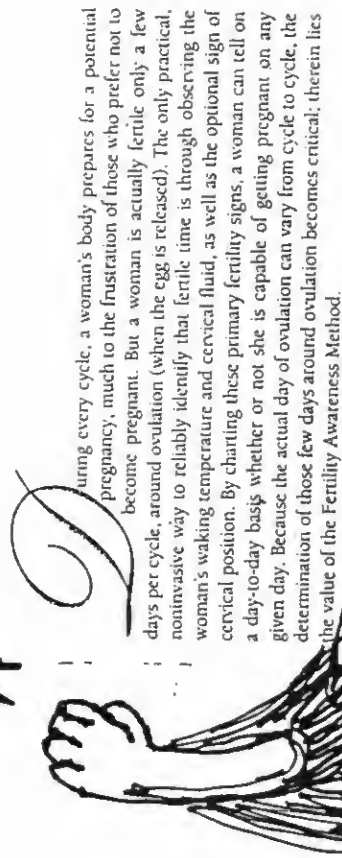
Red Moon Herbs

"From the earth to you."
PO Box 785, Asheville NC 28802
828-236-0777

Wish Garden Herbs

PO Box 1304, Boulder, CO 80306
1-888-301-2926

Taking Control of Your Reproductive Health



THE POLITICS OF NATURAL BIRTH CONTROL

We want far better reasons for having children than not knowing how to prevent them.

—DORA RUSSELL

Why are so many women frustrated with the state of contraception today? Why is the vast majority of birth control designed for women to use even though it is men who are fertile every single day? Wouldn't it make more sense for birth control to be developed for the gender that is the most fertile? Consider the following table:

METHODS OF BIRTH CONTROL AVAILABLE TODAY

(listed in approximate order of most invasive)

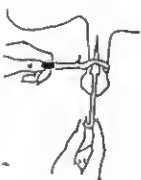
For Women	For Men
Tubal ligation	Vasectomy
Norplant	Condom
Depo-Provera	Withdrawal
Pill	
IUD (intrauterine device)	
Diaphragm	
Cervical cap	
Sponge	
Female condom	
Suppositories	
Spermicides	
Natural methods	

Given that women are only fertile a few days per cycle, it's ironic that they're the ones who risk the vast array of side effects and physical ramifications of birth control. These include increased risk of blood clots, strokes, breast cancer, irregular spotting, severe pelvic inflammatory disease or uterine perforation, heavy and crampy periods, urinary tract infections, cervical inflammation, and allergic reactions to spermicides and latex, to name a few. And for what? To protect themselves from a man, who produces millions of sperm per minute! Imagine the reaction of most males to the following announcement:

A NEW INTRAPEL CONTRACEPTIVE

The newest development in male contraception was unveiled recently at the American Women's Surgical Symposium. Dr. Sophia Merthin announced the preliminary findings of a study conducted on 763 unsuspecting male graduate students at a large midwest university. In her report, Dr. Merthin stated that the new contraceptive—the IPD—was a breakthrough in male contraception. It will be marketed under the trade name "umbrellity."

The IPD (intrapel device) resembles a tiny folded umbrella which is inserted through the head of the penis into the scrotum with a plungertike instrument. Occasionally there is perforation of the scrotum, but this is disregarded since it is known that the male has few nerve endings in this area of his body. The underside of the umbrella contains a spermicidal jelly, hence the name "umbrellity."

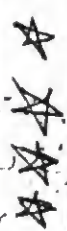


Experiments on a thousand white whales from the continental shelf (whose sexual apparatus is said to be closest to man's) proved the umbrellity 100 percent effective in preventing production of sperm, and eminently satisfactory to the female whale since it doesn't interfere with her rutting pleasure.

Dr. Merthin declared the umbrellity to be statistically safe for the human male. She reported that of the 763 grad students tested with the device, only two died of scrotal infection, three developed cancer of the testicles, and 13 were too depressed to have an erection. She stated that the common complaints ranged from cramping and bleeding to acute abdominal pain. She emphasized that these symptoms were merely indications that the man's body had not yet adjusted to the device. Hopefully, the symptoms would disappear within a year.

One complication caused by the IPD was the incidence of massive scrotal infection necessitating the surgical removal of the testicles. "But this is a rare occurrence," said Merthin, "too rare to be statistically important." She and the other distinguished members of the Women's College of Surgeons agreed that the benefits far outweighed the risk to any individual man.

—© 1974 Written by Betha H. Cowan. Reprinted with permission. Illustration by Frankie Collins.



Emmenagogue Formulae ⁷⁵

★ **PRECAUTIONS** ★ ★ ★
• The following two formulae are in general use and seem to be erratically successful. Do not increase the amount of herb in the formulae; do not exceed the recommended dose; do not take for longer than five days; do not use both formulae together. CAUTION: Blue Cohosh may raise the blood pressure.

Emmenagogue Brew

- 2 tablespoons dried Blue Cohosh root
- 3 tablespoons dried Pennyroyal leaves
- 2 tablespoons dried Tansy in flower

Put the Blue Cohosh into a quart of water in a pan and bring to a boil. Put the other herbs in a quart jar with the Blue Cohosh and water boils, pour into the jar, least 30 minutes. Strain out herbs and let steep for at the responsible principle is not very soluble in water, even when the root is boiled. American Pennyroyal can produce a profuse menstrual flow in sensitive women. Together, these three emmenagogues hours for up to five days, or until bleeding is well under way. The effectiveness of this formula is enhanced by the addition of a tablespoonful of brewer's yeast to every cup.

Emmenagogue Combination

- 20 drops Blue Cohosh tincture
- 20 drops Black Cohosh tincture
- 20 drops American Pennyroyal tincture

Measure tinctures into a cup of warm water and drink slowly. Repeat every four hours for no more than five days. Continue for one full day after bleeding starts, to insure complete expulsion of all fetal material.

Blue Cohosh tincture stimulates production of oxytocin, the hormone responsible for uterine contraction. Black Cohosh tincture enhances and supplements the action of the Blue Cohosh. Pennyroyal tincture is an old favorite for "suppressed menstruation."

BUY THEM! SEND AWAY (PAGE 76)
SEE HOW TO MAKE TINCTURES
PAGES 73-74



- Label the jar with the name of the plant, the part of the plant used, the type of spirit used, and the date. Example: Shepherd's Purse, whole plant in flower, 100 proof vodka, 12 May 1985.
- Top up the liquid level the next day. (The plant fairies come by and take a little taste of each new tincture.)
- Allow plant and alcohol to mingle together for six weeks or more.
- Decant the tincture and it is ready to use.

Tips for Making All Tinctures

- Choose a jar that will be filled to the top by the plant material and the alcohol; if an empty "head space" is left, some of the plant material oxidizes and spoilage is more likely.
- For extra potency, put up tinctures when the moon is dark or new; decant them when the moon is full. This helps oils, too.
- Keep your tincture in a place where you can watch the interesting changes of color, and occasionally poke your finger in to get a taste. There is no need to shake it daily or keep it in isolation or the dark. Avoid strong direct sunlight though. Occasionally tinctures will ooze; protect your furniture.
- Although the tincture is ready to use in six weeks (that's one reason why you labeled it with the date—so you know when it is ready), there is no need to decant it then. I have kept some herbs sitting in their vodka for years with no problems or decrease of potency.
- To decant the tincture, just pour off the alcohol, put it into a brown glass bottle, and cap tightly. You will notice that the plant material remaining is still wet. Put small handfuls of it in a cotton cloth and wring, hard! (This also builds good muscles in the hands.) Add this extra tincture to your bottle.
- Label the bottle of decanted tincture with the same information you put on the original tincture.
- When you're ready to use the tincture, put some of the decanted tincture in a small brown glass bottle with a dropper top. Please use only glass droppers, as residues from plastic droppers will interfere with the medicinal actions of the herbs (and your continued good health). Label the dropper bottle clearly and keep it in a safe place. Buy dropper bottles at your local pharmacy or by mail. (See References and Resources.)
- It is advisable to respect the potency of herbal tinctures; although it is unlikely that ingestion of even an entire ounce bottleful could kill someone, the likelihood of unsettling effects from such a large dose is great.

☆ Summary of Tincture Proportions

- Tincture one ounce fresh plant material in approximately one ounce spirit for 6 weeks.
- Tincture one ounce dried plant material in five ounces spirit for 6 weeks.

While the above is only a parody, in reality, the notorious Dalkon Shield IUD rendered many women infertile by causing severe pelvic inflammatory disease. It is but one example of the type of medical nightmares to which many women have been subjected; history reveals countless ways in which women's bodies and those of their potential offspring have been exposed to dangerous drugs and procedures.

From the tragedies caused by thalidomide and DES in the 1950s to the more recent controversies over the side effects of Norplant and Depo-Provera, we've seen an endless stream of revelations that call into question the level of safety that female patients are assured. Beyond the often dubious nature of the drugs we've been prescribed, both contraceptive and otherwise, we've witnessed the anguish surrounding the use of breast implants. In addition, we're now aware of the wide overuse of such "necessary" medical procedures as C-sections and hysterectomies, adding even more confusion to the average woman's relationship with her medical practitioners.

Whether men would submit to all the "inconveniences" is not really the issue. Given all that women have been through, it's only natural that they would desire to take control of their own medical and reproductive needs with the most effective, least intrusive means possible.

Offensive Terminology in Women's Health

If you think women's health terminology is harmless, the following should make you think again. It's a list of medical terms used to describe female conditions and functions. Glance down the left side of the list first, then review what those terms really mean.

Luteal phase defect	Short luteal phase (less than 10 days)
Dysfunctional uterine bleeding	Irregular or anovulatory bleeding (the bleeding that occurs in a cycle in which the woman didn't ovulate)
Discharge	Used to describe healthy; cyclical cervical fluid, as well as a true infection with symptoms of unhealthy secretions
Hostile cervical mucus	Infertile-quality cervical fluid that doesn't support sperm survival
Incompetent cervix	Cervix that tends to dilate prematurely during pregnancy
Inadequate pelvis	Pelvis considered too narrow to allow a vaginal birth
Senile gravida	A pregnant woman, 35 or over
Elderly prima gravida	First-time pregnant woman 35 and over
Advanced geriatric status	Women over 35

LIST CONTINUED ON NEXT PAGE



are you hOLLeRing yet?

Premature ovarian failure	Early menopause
Expected date of confinement (EDC)	The due date for childbirth
Habitual aborter	A woman who tends to have recurring, spontaneous miscarriages
Spontaneous abortion	Miscarriage
Threatened abortion	Bleeding while pregnant
Products of conception	Fetus that is delivered dead
Pregnancy wastage	Same as above
Fibrocystic breast disease	Fibrocystic breasts or breasts that tend to have benign lumps
Senile vaginitis	Dry vagina of (postmenopausal) woman after her estrogen levels have subsided
Vaginal atrophy	Same as above
Hysterectomy	In ancient Greek, literally means "removal of hysteria" (the Greek word for "womb" came from the belief that disturbances in the uterus caused female insanity)
Pudendum	Literally means "that of which we are ashamed." Actually means the soft padding that covers the pubic bone
Vagina clean	Terminology recorded in a woman's medical records to indicate no infections. (Is the implication that others are dirty?)

Some of the terms are included here simply because their etymologies are of particular interest. Obviously, I am not suggesting that words as embedded in the lay vocabulary as "hysterectomy" should be changed at this point. However, I don't think it's unreasonable to suggest that the English language is capable of producing more gender-sensitive terms than "senile vaginitis" or "incompetent cervix." I suspect that no man is ever told he has a medically incompetent anything, but if a female doctor ever did, he might start to understand why I compiled this list.

Making Herbal Infusions 73

Leaves: Use one ounce of dried leaves (two handfuls of cut-up leaves or three handfuls of whole leaves) in a quart jar. Fill the jar to the top with boiling water, put the lid on and let it steep for four hours at room temperature.

Leaves contain the potent healer chlorophyll. Long steeping extracts all the chlorophyll, as well as the vitamins, minerals and other medicinal components of the leaves. Steeping in a closed jar keeps the water-soluble vitamins from escaping in the steam. Some leaves are tough and leathery and need to be steeped for more than four hours; Rosemary and Uva Ursi are leaves used in this book which require longer infusing, up to eight hours. Some leaves release their medicinal factors very easily in water. Catnip, Shepherd's Purse, Lobelia, and Pennyroyal are leaves used in this book that require steeping for an hour or less.

Dosage: Two cups, sixteen fluid ounces, of an infusion per day is the standard dose for a person weighing 125-150 pounds. Use one cup if you weigh 65-75 pounds. Half a cup for 30-40 pounds. A quarter cup (4 tablespoons) for 15-20 pounds.

Summary of Infusion Data			
Plant part	Amount	jar/water	Length of Infusion
Roots/barks	one ounce	pint	8 hours minimum
Leaves	one ounce	quart	4 hours minimum
Flowers	one ounce	quart	2 hours maximum
Seeds/berries	one ounce	pint	30 minutes maximum

Tinctures

Making a Tincture From Fresh Plant Material

The best tinctures are made from fresh plants. These tinctures are so far superior to commercial tinctures made from dried plants that they almost appear to be different medicines!

Tincturing is amazingly simple:

- Identify and pick the plant parts you desire to tincture.
- Look through the plant material and discard any damaged parts.
- Do not wash any part of the plant except roots, and those only when necessary.
- Chop the plant material coarsely, except flowers and delicate plants.
- Fill a jar to the top with the chopped plant material.
- Then fill the jar to the top with 100 proof vodka, vinegar, or the spirit of your choice. (Yes, you can fill a jar to the top twice!)
- Cap the jar tightly.

Water Bases

Our bodies are based on water and so are plants. We digest in a water base. In most instances, I prefer herbal medicines in a water base. Nourishing herbs such as Comfrey, Nettles, and Raspberry leaf are at their best when prepared in water bases, for water is best able to extract and make accessible their full range of vitamins, minerals, and nutrients.

Water-based herbal medicines spoil rapidly and must be prepared at or near the actual time of use. However, you can store dried herbs for long periods, ready to use in a water base.

Water-based preparations are called teas, tisanes, infusions, decoctions, and syrups. They may be used as soaks, baths, douches, enemas, eyewashes, poultices, compresses, and fomentations. They are all made by soaking fresh or dried plant material in water (usually boiling).

Tea is the standard water-based herbal preparation; even restaurants know how to make it. At fancy ones they call it tisane.

Use one teaspoon dried herb per cup of boiling water. Add an extra spoonful for the pot. Let it steep in your cup or the pot for up to twenty minutes. Honey, lemon, and milk are medicinal additions. (Don't give infants honey.)

Volatile herbs are easily extracted into water and therefore prepared as teas. Chamomile, Pennyroyal, Shepherd's Purse, Ginger, Anise and Fennel seeds, Valerian, Catnip, and Lobelia are some volatile herbs used in this book.

Infusion is the most medicinally potent water-based herbal preparation. There are a great many definitions and recipes for preparing infusions; some herbalists use the term interchangeably with "tea."

My medicinal infusions contain a great deal of herbal matter and are steeped for a long time. The result is a liquid much thicker and darker than an herbal tea, leaving no doubt that you are dealing with a medicine, not a breakfast drink.

Prepare infusions in pint and quart canning jars. A teapot or cup is impractical for the long brewing an infusion requires and their openings allow volatile essences and vitamins to escape. Canning jars rarely break when filled with boiling water. They make it easy to measure the amount of water used in the brew. An infusion brewed in a jar is convenient to carry along to work, school or wherever, and this increases the probability that the infusion will be consumed.

decant - to pour gently from one vessel to another; to pour off and save a completed herbal tincture or oil, leaving the plant matter behind.

The Three Primary Fertility Signs

1. waking temperature
2. cervical fluid
3. cervical position

Let's take each sign individually.

WAKING (BASAL BODY) TEMPERATURE

A woman's preovulatory waking temperatures typically range from about 97.0 to 97.5 degrees Fahrenheit, with postovulatory temperatures rising to about 97.6 to 98.6 degrees. After ovulation, they will stay elevated until her next period, about 12 to 16 days later. If she were to become pregnant, they would remain high throughout her pregnancy.

Temperatures typically rise within a day or so after ovulation, and are the result of the heat-inducing hormone, progesterone. Progesterone is released by the corpus luteum (the follicle that previously housed the egg before it burst out of the ovary, as discussed in the last chapter). So usually, by definition, the rise in temperature signifies that ovulation has already occurred. Waking temperatures within a cycle typically look like Chart 5.1 below.*

When interpreting temperatures, it is important that you train your eyes to "see the forest through the trees." The key to doing so is to look for a pattern of lows and highs. In other words, you'll find that your temperatures before ovulation will go up and down in a low range, and the temperatures after ovulation will go up and down in a high range. The trick is to see the whole, and not focus so much on the day-to-day changes.

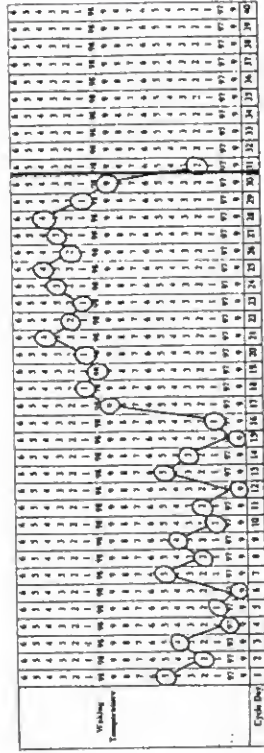


Chart 5.1. A typical waking temperature pattern. Note the rise in temperature starting on Day 16, which means that for this particular cycle, ovulation most likely occurred on Day 16.

* A very small percentage of women won't have biphasic temperature patterns even if they are ovulating. In such a case, contractions wouldn't be able to use waking temperatures as a fertility sign, but they would still be able to use the Billings Method, which relies on cervical fluid alone. This method, though, is not quite as accurate, and often requires more days of abstinence to be effective. Pregnancy, however, whose temperatures don't reflect a shift will need to initially use other means of determining whether they are ovulating, such as cervical fluid patterns (which are not as conclusive), ovulation predictor kits, blood tests, ultrasound, or endometrial biopsies.

I want to stress here that the rise in waking temperature almost always indicates that ovulation has already occurred. It does not reveal impending ovulation, as do the other two fertility signs, the cervical fluid and cervical position. You should also be aware that in only a minority of cycles will women ovulate at the lowest point of their temperature graph. Because a temperature dip is so rare, women should not rely on its occurrence for fertility purposes. Rather, they should use the cervical fluid and cervical position to indicate approaching ovulation.

You need to be aware of certain factors that can increase your waking temperature, such as:

- having a fever
- drinking alcohol the night before
- getting less than three consecutive hours of sleep before taking it
- taking it at a substantially different time than usual
- using an electric blanket or heating pad that you normally don't use

However, as you will see in the following chapter, you needn't worry about the occasional erratic temperatures that may result. This is because you can discount them without compromising the accuracy of the method. In any case, FAM gives you two other signs to daily cross-check your fertility:

Temperatures, Stress Reduction, and the Dreaded Late Period

Waking temperatures can be extremely helpful in projecting how long a cycle will be, because they can identify if you've had a delayed ovulation that would cause your cycle to be longer than normal. Remember, once the temperature rises, it is typically a set 12 to 16 days until your period. And after you've charted for several months, you will be able to determine even more specifically what your particular postovulatory range usually is. (As previously discussed, for most women the phase after ovulation doesn't vary more than a couple of days.)

How Temperature Patterns Predict Length of Cycles

The beauty of charting temperatures is that it can give you a sneak preview of how long your cycle will be simply by observing when the temperature rises. Remember that once your temperature shifts, it will remain basically the same length from the rise to your period. So, for example, if you experience a fever or a lot of stress during the first part of your cycle, you may experience a delayed ovulation that will be reflected in a late thermal shift. In such a case, you will still be able to count ahead to determine when you will menstruate.

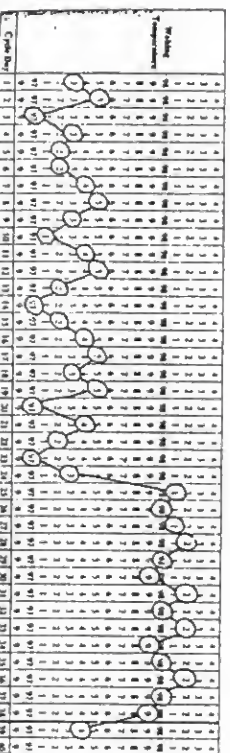


Chart 5.2: A temperature pattern showing a delayed ovulation. Note how the temperature shift didn't occur until Day 25.

AGAIN: USE CAUTION!

Making Herbal Medicines

The art of making herbal preparations is fascinating and complex. Each herb has one or more optimum methods of preparation, each method extracting different properties from the herb. Each type of preparation affects the body in different ways. The quality of herbal preparation is dependent on the quality of the herb used. The quality of the herb is affected by the weather during the growing season, the thoughts of the gatherer or grower, when the herb is harvested, and the conditions surrounding handling and storage. The moon sheds her subtle influence on all of this, adding to the variables. It's no wonder that every herbalist creates unique herbal preparations, and that non-herbalists feel confused.

After years of experimenting and teaching, I offer these easy, foolproof instructions for home preparation of herbal medicines. All the equipment you need is probably already at hand: canning jars with lids, small jars with lids or corks, a sharp knife, a grater, several pots and pans, water, oil, vodka, labels, and a ballpoint pen. I prepare herbal medicines in three bases: water, spirit, and oil. Water-base products are teas, infusions, decoctions, syrups, baths, enemas, fomentations, eyewashes, and douches. Spirit-base products are tinctures, liniments, vinegars, and essences. Oil-base products include essential oils, infused oils, ointments, and salves. In all bases I use no direct heat. No herbs are ever boiled or baked. This virtually eliminates burned, fried, and ruined medicines. And the finer vibrations of the plants appreciate the care.

In a water base, dried herbs produce the best potency. Spirit bases produce superior medicinals when fresh herbs are used, although dried roots and barks are often acceptable. Oil bases absolutely require fresh plant material. Don't assume that you have no access to fresh medicinal herbs. Weed walks in city neighborhoods and along suburban sidewalks have never failed to provide an abundance of fresh medicinal plants.

The Wise Woman tradition focuses on the use of simples. A simple is a medicine made from a single herb. When combinations are used, the formula rarely exceeds three herbs. This tradition allows for maximum feedback on the effect of each herb and rapid understanding of medicinal herbs.

Nourishing herbs are the safest of all herbs; they rarely have any side effects. Nourishing herbs may generally be taken in any quantity and for extended periods of time. They act in the body as food, providing nutrients such as vitamins, minerals, proteins, simple sugars, and starches. They improve existing conditions by strengthening the body's defenses and resources. Nourishing herbs used in this *Wise Woman Herbal* include: Alfalfa, barley, Borage, Comfrey, Nettles, Parsley, Raspberry leaf, Red Clover, and Slippery Elm.

Tonic herbs act slowly in the body and have a cumulative effect; they are most beneficial when used consistently for months. Tonics rarely give rise to side effects. They generally aid the body to balance its energy and function more easily and dependably. Some tonic herbs are bitter; this taste is an indication that these herbs should be taken in small amounts. Other tonic herbs have a bland or soothing taste and can be taken safely in large amounts. Tonic herbs used in this *Wise Woman Herbal* include: Blessed Thistle, Burdock, Dandelion, Liferoot, Sarsaparilla, Skullcap, and Yellow Dock.

Cleansing herbs stimulate the body's cleansing systems and disease fighting mechanisms. They are also called antibiotics, antiseptics, and antibacterials. Cleansing herbs are very strong in their effects and are more likely to have side effects. They are usually taken in small amounts for short periods of time. They may stress some parts of the body in order to help other parts, or may be too powerful in their effect for some people. Use with care. Cleansing herbs used in this *Wise Woman Herbal* include: Echinacea, Elder root, Golden Seal, Rosemary, Sage, Uva Ursi, and Yarrow.

Potentially toxic or "poisonous" herbs are the most potent medicines of all. They stimulate powerful healing and releasing actions in the body. An overdose will almost always cause side effects. Potentially toxic herbs are taken for a short period of time or in very small doses. Potentially toxic herbs used in this *Wise Woman Herbal* include: Pennyroyal, Poke, Black Cohosh, Blue Cohosh, Cayenne, Cotton, Dong Quai, Licorice, Lobelia, Mistletoe, and Tansy. Increase your herbal knowledge and sense of security when using these potentially toxic herbs by consulting other herbal references. It is especially important to check further on the possible side effects of any of the potentially toxic herbs if you are allergic to foods or medicines.

alkaloid - an organic substance of alkaline properties occurring naturally in plants; generally treated by the body as a poison.

CHARTS SHOWING LENGTHS OF CYCLES

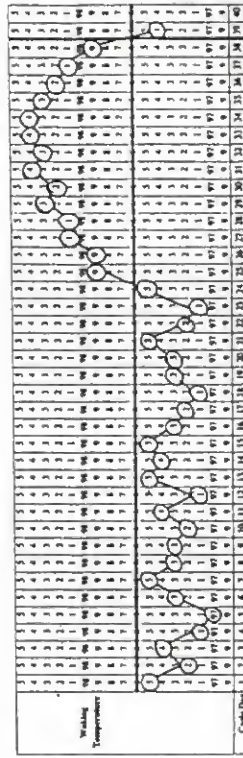
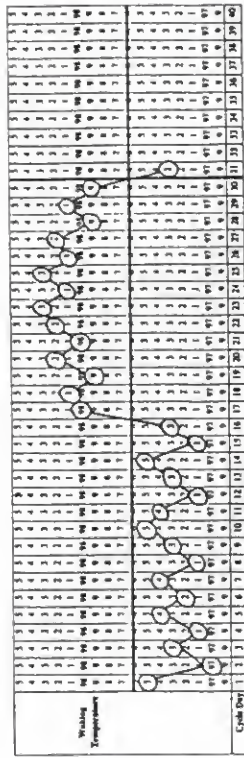
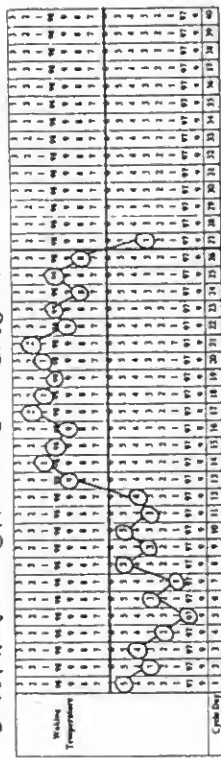


Chart 6.5. Temperature charts showing one woman's cycles of 26, 30, and 38 days. Note that the preovulatory phase varies in length, whereas the postovulatory (luteal) phase remains consistent from cycle to cycle.

Chart 6.5 helps illustrate the point that the preovulatory phase can vary considerably both between women and within any one woman's pattern from cycle to cycle. The postovulatory phase, while varying somewhat from woman to woman, usually remains fairly constant for each individual woman (plus or minus a day or so).

This illustrates an important point. Women who don't chart are continually fearful when their periods seem "late," not realizing that long cycles are usually simply due to ovulating later, an occurrence that is very easy to identify through waking temperatures.

I have used my own experience above to exemplify the point that there are numerous things that can delay (or even prevent) ovulation, including stress, travel, moving, illness, medication, strenuous exercise, and sudden weight change. But by charting your temperature, you can accurately determine when you might be having a delayed ovulation. Whether you are trying to avoid or get pregnant, knowing this information is invaluable, sparing you needless stress and confusion.

13a CERVICAL FLUID

One of the first things you'll probably be struck with when you start charting is the distinct pattern of cervical fluid throughout your cycle. And, if you are like most women who learn how to observe their fertility signs, the second thing you may experience is the sense of frustration and even anger when you realize how little you understood your body before. No, you were probably not experiencing recurring vaginal infections all the time. No, you were not dirty and in need of douching away the "discharge." In fact, the beauty of charting your cervical fluid is that you will be able to discern once and for all what is absolutely normal from the true symptomatic secretions which result from a vaginal infection. For this reason, I would suggest that you never use the "d-word" to describe your healthy cervical fluid. After all, we don't refer to men's healthy semen as "discharge."

Cervical fluid is to the woman what seminal fluid is to the man. Since men are always fertile, they produce seminal fluid continually. Women, on the other hand, are only fertile the few days around ovulation, and therefore only produce the substance necessary for sperm nourishment and mobility during that time. It is fairly intuitive: Sperm require a medium in which to live, move, and thrive—otherwise they will die. Once the sperm travel from the penis to the vagina, they need an analogous substance to sustain them. But the only time it is critical for the sperm to survive is around the time the egg is released. It is for this reason that women produce the substance that resembles semen for only a few days per cycle.

In essence, the fertile cervical fluid functions exactly like the seminal fluid. It provides an alkaline medium to protect the sperm in an otherwise acidic vagina. In addition, it provides nourishment for the sperm, acts as a filtering mechanism, and functions as a medium in which to move.

In a nutshell, a woman's cervical fluid starts to develop and resemble a man's seminal fluid in a very predictable way. After the woman's period and directly under the influence of rising estrogen, the cervical fluid typically starts to develop in the following pattern:

Cervical Fluid	Symbol
(Menstruation)	*
Nothing/dry	—
Sticky	S
Creamy	⊙
Eggwhite	⊕
Nothing/dry (or sticky)	— (or S)
(Menstruation)	*

NOTE: WHEN

CHARTING YOUR

CYCLES, ALWAYS

BEGIN CYCLE ON

FIRST DAY OF

PERIOD. ALSO -

BRIGHT OF PINK

RED. SPENT -

PINKISH OR BROWNISH -

IS DECREASED WITH THE END OF YOUR CYCLE.

TAKE THIS VERY SERIOUSLY —
PLEASE READ THOROUGHLY +
Using Herbs Safely TAKE HEED! 69

As the accessibility of herbal medicines has grown over the past twenty years (after an enforced decline spanning many decades), questions of safety have also grown. Scare stories abound of carcinogens found in herbs, poisonous plants mistakenly sold as curative ones, and allergic reactions to supposedly safe herbs. When you begin to use herbs as part of your health program, you may wonder how to use them safely. To avoid complexity, risk, and unneeded worry:

- Begin by using gentle nourishing and tonic herbs; avoid plants that may be toxic.
- Use one herb at a time.
- Learn about one wild plant at a time from an experienced guide.
- Seek out the miracle medicines on your own doorstep.
- Remember that crude herbs (as opposed to the refined extracts known as drugs) rarely cause fatal allergic reactions or severely disabling side effects.
- Realize that reports of herbs having cancer-causing properties are misleading. They are usually based on studies done with purified extracts rather than whole plants. Alfalfa, Comfrey, Coltsfoot, and Sassafras each have a component that may be carcinogenic or mutagenic. When the "active" components are extracted and "purified," they may injure or mutate cells. But there are no reported cases of cancer from the thousands of people who have used these herbs for well-being and health care through the centuries, for these "active" components are only a tiny fraction of the plant material, and the large amount of "passive" components buffers and neutralizes them.
- Build up a foundation of trust in the healing effectiveness of plants by using remedies for minor problems and first aid before you try to deal with serious health problems.
- Increase your herbal knowledge through direct experience, experimentation, and reading.
- Gather a support group of people interested in "alternative" medicines and consult them when you feel unsure.
- Respect the power of plants; those strong enough to act as medicines affect the body and spirit in powerful ways.
- Respect the strength of herbs; some plants are so potent that they can only be used in minute quantities.
- Respect the unique individuality of every plant, every person, and every situation.
- Understand the varying effects and side effects of nourishing, tonic, cleansing, and potentially toxic plants.

oxytocic (adjective), oxytocin (noun) - an agent which stimulates contraction of uterine muscle, and release of prostaglandin hormones, thus facilitating and stimulating childbirth; may cause miscarriage, poisoning, or death, if incorrectly used.

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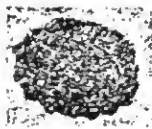
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In other words, right after your period, you may have a very dry vaginal sensation and observe *nothing* near the vaginal opening. Or you may notice a slight moisture similar to the way it would feel if you touched the inside of your cheek for a second. Your finger would have a dampness on it that would evaporate within a few seconds. This is the way the vaginal opening typically feels when there is no cervical fluid.

After perhaps a few days of this dryness, you may begin to develop a type of cervical fluid that is best described as *sticky*, like the paste you used in elementary school. Occasionally, it may even resemble drying rubber cement in that it is somewhat rubbery and slightly "springy," but the crucial point is that it is *not wet*. The sticky and "rubber-cement" type of cervical fluid in themselves are not conducive to sperm survival, but are considered possibly fertile if found *before* ovulation.

The next type of cervical fluid you may notice for several days is *creamy* or *lotionlike*. It tends to feel rather cold at the vaginal opening, just as hand lotion itself feels cool to the touch. Sometimes the cervical fluid is so wet or watery that it is hard to physically handle (with a consistency similar to skim milk), but the obvious clue to your fertility at that point is the very wet vaginal sensation you will feel.

The final and most fertile cervical fluid resembles raw eggwhite. It's extremely slippery and usually stretches 1 to 10 inches. (This ability to stretch is called *spinnbarkeit*, or "spin," for short.) It's usually clear or partially streaked. It could also be very watery. The crucial determinant of this quality cervical fluid is the extremely wet and lubricative vaginal sensation you usually feel. It may even leave a fairly symmetrical, round pattern of fluid on your underwear due to its high water content.*



Very fertile-quality cervical fluid often forms a fairly symmetrical round circle, due to its high concentration of water.



Nonwet-quality cervical fluid tends to form more of a rectangle or line on your underwear.

The most important feature of this extremely fertile cervical fluid is the lubricative quality. I cannot stress enough the importance of paying attention to the slippery sensation you will feel as you approach ovulation. You may even notice that the lubricative vaginal sensation continues a day or two beyond the actual eggwhite. *Pay close attention, because that sensation indicates that you are still extremely fertile.* Of course, vaginal sensation should not be confused with sexual lubrication. Vaginal sensation is something you simply feel throughout the day, without actually observing the cervical fluid.

*Women in their early 20s may have as many as 4 or 5 days of eggwhite, but by their mid-30s most will only have a day or two.

ABOUT CERVICAL FLUID

THE CERVIX WITH MAGNIFICATION OF SPERM IN INFERTILE AND FERTILE CERVICAL FLUID

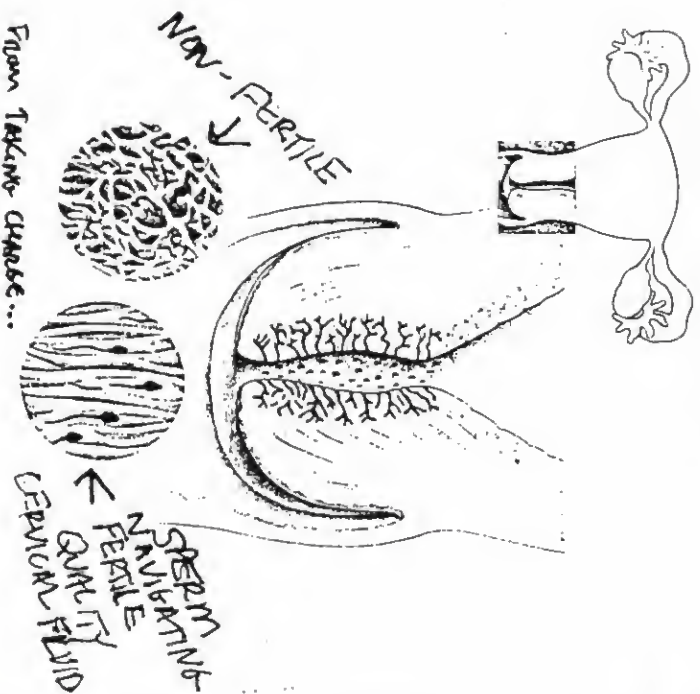
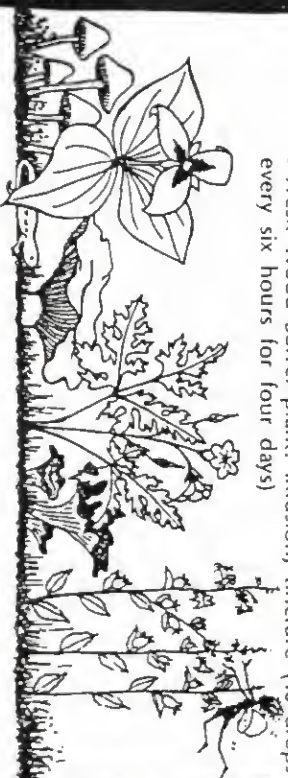


Chart Day	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
Cervical Fluid																																										
From 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th																																										

Chart 5.3. A typical cervical fluid pattern. Note that there is usually a gradual progression from dry to sticky to wetter types, seen here in 2 days each of creamy and eggwhite. Also notice that the vaginal sensation generally corresponds with the cervical fluid ("tube" is used to signify a lubricative sensation at the vaginal opening). Finally, observe how she records Day 1 of the new menses on the same chart before repeating it again on a new chart. Every cycle is clearly delineated with a vertical closing line.

- Lovage root: infusion
- ★ Marijuana female flowers: infusion, tincture, smoke
- ★ Mistletoe leaves: infusion
- Motherwort plant: infusion
- Mugwort plant: decoction
- Osha root: infusion, tincture (10 drops every four hours for five days)
- Fresh Parsley leaves: juice, vaginal insert (several sprigs, changed twice daily for three days)
- Pennyroyal plant: infusion, tincture, oil (Avoid completely before and throughout pregnancy. Oil rubbed into skin may cause miscarriage.)
- ★ Peruvian bark: infusion, tincture (15 drops twice daily for four days)
- Rosemary plant in flower: infusion, tincture (20 drops twice daily for five days)
- Rue leaves: infusion, tincture (10 drops every six hours for four days)
- Saffron stigmas: one half gram daily for four days (ten grams is a fatal dose)
- Sumac berries: infusion (source of vitamin C and possibly rutin)
- Sweet Flag root: infusion, bath, tincture (10 drops every six hours for six days)
- Tansy plant in flower: infusion, tincture
- Fresh Wood Sorrel plant: infusion, tincture (10 drops every six hours for four days)



(MENSTRUAL PROMOTERS)

A List of Emmenagogues

Don't exceed the recommended doses; many of these emmenagogues can cause strong side effects. The starred herbs (★) are oxytocic; use only with focused attention and acute sensitivity to the body's reactions. The herbs in boldface will bring on a late period about 60% of the time if the expected flow is no more than two weeks overdue.

- Angelica root: infusion, tincture (10 drops three times daily for four days)
- Fresh Lemon Balm leaves: tincture, bath
- Bethroot: infusion, tincture (a dropperful every four hours for five days)
- ★ Birthwort root or whole plant in flower: infusion
- Black Cohosh root: infusion, tincture (20 drops every six hours for four days)
- ★ Blue Cohosh root: infusion, tincture (20 drops every four hours for five days)
- ★ Cotton root bark: infusion
- European Vervain plant: tincture (15 drops every six hours for five days)
- ★ Ergot fungus: commercial extracts
- Feverfew plant in flower: tincture (40 drops every three hours for four days)
- Ginger root: infusion, tincture
- Hyssop leaves: infusion, tincture
- Liferoot plant in flower: tincture (20 drops twice daily for five days)

CERVICAL POSITION IS CONSIDERED AN 'OPTIONAL' SIGN, BUT IT IS EXTREMELY USEFUL IN CORROBORATING OTHER SIGNS OF PREGNANCY.

3A CERVICAL POSITION

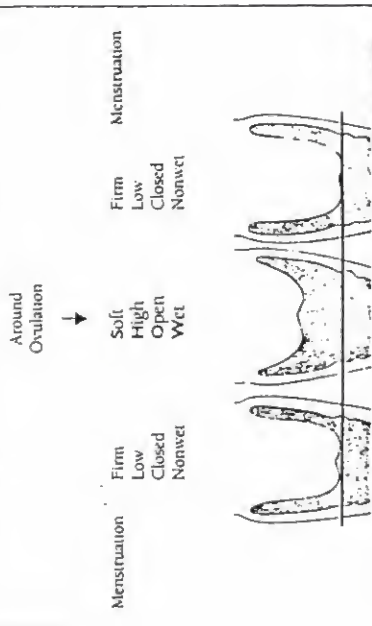
As with the cervical fluid, the cervix itself prepares for a pregnancy every cycle by transforming into a perfect "biological gate" through which the sperm can pass on their way to finding the egg. It does so by becoming soft and open around ovulation in order to allow the sperm passage through the uterus and on to the fallopian tubes. In addition, the cervix rises due to the estrogenic effect on the ligaments that hold the uterus in place.

After your period and directly under the influence of estrogen, your cervix typically starts to change.

One of the easiest ways to remember how your cervix feels as you approach ovulation is the acronym SHOW, as seen in the illustration *on the opposite page*.

↓ ↓

CERVICAL POSITION CHANGES DURING THE CYCLE



From Rising Change

Let's take each facet in the order listed above. The cervix is normally firm like the tip of your nose, and only becomes soft and rather mushy, like your lips, as you approach ovulation. In addition, it is normally fairly low and closed, feeling somewhat like a dimple, and only rises and opens in response to the high levels of estrogen around ovulation. And finally, it is the cervix itself that emits fertile-quality wet cervical fluid when the egg is about to be released. The chart below shows how to record your cervical changes.

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				
Cervical Position	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Peak Day																																												
Wetness																																												
Cervix																																												

Chart 5.4. A typical cervical position pattern. Note how the circles represent how open the cervix is and their position in the box represents how high it is. The letters below the circles stand for the firmness of the cervix—firm, medium, and soft.

SECONDARY FERTILITY SIGNS

Many women are lucky enough to notice other signs on a regular basis, all of which are very helpful in being able to further understand their cycles. These signs are referred to as secondary fertility signs, because they do not necessarily occur in all women, or in every cycle in individual women. But they are still very practical for giving additional information to women to identify their fertile and infertile phases.

Secondary signs as ovulation approaches may include:

- Midcycle spotting
- Pain or achiness near the ovaries
- Increased sexual feelings
- Fuller vaginal lips
- Abdominal bloating
- Water retention
- Increased energy level
- Heightened sense of vision, smell, and taste
- Increased sensitivity in breasts and skin
- Breast tenderness

TAKE NOTE
OF THESE
AS EXTRA
EVIDENCE OF
YOUR FERTILITY.

The first sign listed above, midcycle or ovulatory spotting, is thought to be the result of the sudden drop in estrogen just before ovulation. Because progesterone has not yet been released to sustain it, the lining often leaks a small amount of blood until the progesterone takes over. It's typically more common in long cycles.

As for the various pains that women often notice midcycle, there are several theories as to their causes. The important point is that you cannot say with certainty whether they are occurring before, during, or after you've actually ovulated.

Dull achiness:

This is thought to be caused by the swelling of numerous follicles in the ovaries as the eggs race for dominance and ultimate ovulation. It is typically felt as a general abdominal achiness, since both ovaries swell with growing follicles as the woman approaches ovulation.

A sharp pain:

This could be the actual moment that the egg bursts through the ovarian wall and is usually felt on only one side.

Crampiness:

This is probably the result of irritation of the abdominal lining caused by leakage of blood or follicular fluid released from the ruptured egg follicle. It could also be due to contractions of the fallopian tubes around ovulation.

Because there are several pains that may occur, none of them are considered primary fertility signs that can be depended on independently. But ovulatory pain in general is an excellent secondary fertility sign to corroborate the three primary signs. The pain is usually referred to as *mittelschmerz* (midpain) and is felt by about one-fifth of women around their ovulation. It typically lasts anywhere from a few minutes to a few hours, and on rare occasions, even a day or so.

• Tansy leaves This prolific plant should not be confused with Tansy Ragwort, a potentially poisonous plant which is a weed in the midwest. The Tansy I am speaking of is *Tanacetum vulgare*, a garden plant or a wild plant of the northeast. It is a favorite of one of my students who has used it for years as a backup to her regular birth control. When necessary, she drinks an infusion of the flowers and leaves for a week before her period is due and claims that she has never been late yet. Other women have reported that they have used Tansy infusion successfully, but were disturbed by the temporary appearance of lumps in their breasts after use. There are also reports that Tansy can cause hemorrhage among women who normally have heavy menstrual flows. One midwife reports that she uses it as a tincture, giving 10 drops in a cup of warm water every two hours until bleeding begins. She says the tincture definitely induces abortion when the period is several weeks overdue.

• Pennyroyal leaves

The American variety of Pennyroyal, *Hedeoma pulegioides* is one of the most powerful of all emmenagogues. My first experience with using Pennyroyal as an abortifacient centered around a pregnant Great Dane. Her owner fasted her for three days, then fed her ground meat with several ounces of dried Pennyroyal mixed into it. She aborted one pup the next morning—but carried the other eight to term! They were all healthy and normal puppies. From this I have inferred that it is reasonably safe to try to abort with Pennyroyal, even if it doesn't work. But one midwife reports that in several instances women she knows have tried to abort (unsuccessfully) with Pennyroyal and their placentas have implanted dangerously low.

Pennyroyal is prepared as an infusion and taken as hot as possible: some women drink it in a hot bath. The tincture is taken in doses of 20 drops in a cup of hot water. No more than four cups of either preparation should be consumed per day and for no more than five days. This is considered sufficient to induce menstruation without taxing the woman. CAUTION: Half an ounce of Pennyroyal oil can cause death. Do not use Pennyroyal oil internally. (IN FACT, THE OIL IS NOW ILLEGAL IN THE USA DUE TO THE POISONING DEATHS OF MANY MISINFORMED WOMEN)

★ Vitamin C Ascorbic acid is the safest and reportedly most effective emmenagogue that can be used after the menstrual flow has failed to appear. Women report success even when three weeks "late." Six grams of vitamin C (6000 mg) is the daily dosage needed to abort. Take 500 mg every hour for 12 hours a day for up to six days. CAUTION: This dosage may produce loose stools.

VERY!



Also:
SQUAW BUSH,
STINKING BUSH,
THICKWEED,
ELDERBERRY

★ Rutin Occurring naturally in association with vitamin C in many plant leaves, most notably Rue, buckwheat, and Elder, rutin can be used to prevent pregnancy. Take it as a tablet in doses of at least 500 mg daily for several days preceding and following ovulation, or take it after fertilizing intercourse and continue until the menstrual flow begins.

• Smartweed leaves *Polygonum hydropiper* grows as a weed all over the world and is used world-wide as a fertility regulator. It contains rutin, quercetin, and gallic acid, all of which interfere with normal pregnancy. Rutin inhibits the production of hormones which stimulate gamete production. Quercetin stimulates uterine contractions. Gallic acid is known as an anti-tumor agent; it may treat an embryo as a tumor and prevent its normal formation. Prepare an infusion of four ounces of the fresh water and drink freely until menstrual bleeding starts. Smartweed may be used to prevent implantation after intercourse during fertile days, or to bring on a missed period. It is almost certainly not safe to use unless you intend to follow up with a mechanical abortion should it not bring on the hoped-for discharge.

Menstrual Promoters

Herbs used to bring on or promote a menstrual flow are known as emmenagogues. There are at least fifty in common use throughout the world.

If your period is a day or two late, an emmenagogue may bring it on. If you suspect before your menstrual flow is due that you may be pregnant and wish not to be, begin drinking a menstrual promoter a week before your expected flow.

Some Good Emmenagogues

• Ginger root Cultivated Zingiber is one of the strongest and fastest acting of the emmenagogues. I recall a friend dashing for the bathroom after drinking a Jamaican Ginger beer, saying: "But I'm not due to bleed until tomorrow!" The simplest way to prepare Ginger is to put one teaspoon of the powdered root into a cup and pour boiling water over it. Drink when it cools somewhat. Or make an infusion of one ounce of the whole dried root or the freshly grated root in a pint of water. Take no more than four cups a day of any of these brews. If you become nauseated by drinking Ginger, you have a strong

indication that you are pregnant. If your menstrual flow does not come within five days, discontinue use of Ginger.

How to Observe and Chart Your Fertility Signs

THE MECHANICS

8'S PUTTING IT ALL TOGETHER: A SUMMARY

The time it takes to actually check all three signs is negligible compared to the advantages to be gained. The following, then, is a summary of how to observe and chart the three fertility signs:

Taking Your Temperature

1. Take your daily temperature first thing upon awakening before any other activity and record throughout the cycle.

Take your temperature after at least three consecutive hours of sleep which, for most women, is first thing upon awakening in the morning. Note that if you normally take it at 8 A.M. but one morning you wake up at 6 A.M. and have to go to the bathroom, it is better to take your temperature at 6 and then get up. Otherwise, you will have only had 2 hours of sleep after getting up (from 6 to 8), which would make the reading inaccurate.

2. If using a digital thermometer, wait until it beeps, about a minute. If using a glass basal thermometer, leave it in for 5 minutes.
3. Take your temperature orally or vaginally, but always from the same opening throughout the cycle.
4. Take it about the same time every day, within an hour or so.
5. Take your temperature after at least three consecutive hours of sleep.
6. If you use a glass basal body thermometer, shake it down the day before.
7. If you suspect you are getting sick, be sure to use a traditional fever or digital thermometer.

Charting Your Temperature

1. Try to record your temperature sometime in the morning, although it can be done later.
2. If the temperature falls between two numbers on a glass thermometer, always record the lowest temperature.
3. Record and connect the temperatures with a pen.
4. Note unusual events such as stress, illness, or fever in the Miscellaneous column. Temperatures taken earlier or later than usual should be noted in the Time Temp Taken column.
5. Omit any temperatures that are out of line by drawing a dotted line between the normal temperatures.

↑ IF YOUR TEMP SEEMS TOO HIGH (OR LOW - LESS LIKELY), WAIT BEFORE CONNECTING TEMPERATURES UNTIL THE NEXT DAY OR TWO; IF IT IS INDEED 'OUT OF LINE', THEN ON IT BY DRAWING THE DOTTING LINE BETWEEN 'NORMAL' TEMPS.

YOUR TEMP IS THE EASIEST OF ALL SIGNS TO OBSERVE, AS YOU DON'T HAVE TO INTERFERE WITH IT, & IT'S FAIRLY OBJECTIVE & ACCURATE.

VERY IMPORTANT

COVERLINE

SUPER IMPORTANT

- You Do THIS AROUND THE TIME OF ANTI-CLIMAX.**
- Drawing the Coverline**
1. Identify the first day your temperature rises at least two-tenths of a degree higher than it had been the previous 6 days.
 2. Highlight the last six temperatures before the rise.
 3. Locate the highest of those six highlighted temperatures.
 4. Draw the coverline one-tenth of a degree above the highest of that cluster of 6 days preceding the rise. (Days eliminated by the Rule of Thumb are not counted as part of the previous 6.)

Ultimately, the reason you are charting your temperature is to determine when you ovulated in any given cycle. Remember that after ovulation, temperatures quickly rise above the range of lows that preceded it. This thermal shift is often so obvious that you'll be able to spot it simply by glancing at the chart. However, in order to interpret accurately, you'll want to draw a coverline to help you differentiate between temperatures that are low (preovulatory) and high (postovulatory). The coverline is easily drawn using the following instructions above.

Observing Your Cervical Fluid

1. Begin checking cervical fluid the first day after menstruation has ended.
2. Focus on vaginal sensations throughout the day.
3. Try to check cervical fluid every time you use the bathroom, doing Kegels on the way.
4. Check cervical fluid at least three times a day, including the morning and night.
5. Don't check cervical fluid while you are sexually aroused.
6. Learn to differentiate between semen and cervical fluid (and learn to do Kegels to get rid of the semen, as discussed on page 83).
7. Separate your vaginal lips and check your cervical fluid at the lower opening either with tissue or your fingers.
8. Glance away before looking at the cervical fluid. Focus on the quality. Does it feel dry? Sticky? Creamy? Slippery or lubricative (like eggwhite)?
9. Feel your cervical fluid. Then slowly open your fingers to see if it stretches.
10. After urinating, focus on how easily the tissue slides across your vaginal lips.
11. Note your underwear throughout the day.
12. Around your most fertile time, look in the water while you use the toilet.
13. If you find it difficult differentiating between cervical fluid and basic vaginal secretions, do the glass of water test by inserting the cervical fluid in the water.
14. Note the quality and quantity of the cervical fluid (i.e., color, consistency, and amount).
15. Pay special attention to whether you see cervical fluid after a bowel movement, since that is when it is most likely to flow out.
16. If you find that it is difficult to detect any cervical fluid at your vaginal opening, you can check internally by using your index and middle fingers to draw out the cervical fluid from the cervix itself.



CERICAL FLUID

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READ VERY CAREFULLY!

Herbal Birth Control

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Herbal birth control is most effective when combined with knowledge of your fertility cycles, selective abstinence, mental control, and barriers to sperm. You may choose herbs to cause temporary or permanent sterility, to prevent implantation of a fertilized egg, to bring on a late menstrual flow, or to empty the uterus if you believe that conception has taken place. Although some of these herbs have potentially dangerous side effects, they are generally considered safe to use. Please respect their power.

Implantation Preventers

Herbs which prevent the implantation of a fertilized egg do so safely and relatively painlessly by making the endometrium unsuitable for the growth of the embryo. They are taken before or after the unprotected fertilizing intercourse. Positive results are indicated by a normal menstrual flow at the normal time. Women say that when they have used these herbs their flow has been somewhat heavier and has contained more clots than usual, circumstantial evidence of a pregnancy that didn't take. As there's been no controlled study of possible side effects from long and regular use of these herbs, they should not be used on a monthly basis. No known side effects accompany occasional use.

IF, DON'T USE AS YOUR

PRIMARY BIRTH CONTROL, BUT

ONLY FOR

EMERGENCIES!

FOR THOSE

CHARACTING

THEIR

FERTILITY

STENS, FOR

THE

WHOOFS

FACTOR.

• Wild Carrot seed One teaspoonful of the seeds of Queen Anne's Lace (*Daucus carota*) is taken daily, starting at the time of ovulation or immediately after unprotected intercourse during the fertile time, and continued for up to one week to prevent pregnancy. Women in Rajasthan, India use cultivated carrot seed in the same way. Researchers there have found that ingestion of carrot seed by mice prevents the implantation of their fertilized eggs. The seeds are oily and strong tasting, but not bitter or unpleasant. They are easily available for the taking in many areas of the world. Several species of Wild Carrot are abundant in all parts of North America, including city sidewalks, parks, and vacant lots. Wild Carrot seeds are not commercially available; if you plan on using cultivated carrot seeds, be absolutely certain they haven't been treated with toxic substances.

★

WILD CARROT SEED - QUEEN ANNE'S LACE - SEEDS ARE HARVESTABLE IN THE FALL - 1 POUND OF SEEDS - 1000 LBS. OF SEEDS

oh - fertility!

SOME SUGGESTIONS
FOR HERBAL
SOLUTIONS -
MENSTRUAL PROMOTERS,
IMPLANTATION
PREVENTERS, & MORE.

A FEW TIPS

ON HELPING YOUR BODY
MAKE THE BLOOD CIRCULATE

HERBAL
MENSTRUAL PROMOTERS

(Emmenagogues) et cetera..

Charting Your Cervical Fluid

1. Day 1 of the cycle is the first day of true menstrual bleeding.
2. Use the following symbols recorded in the Cervical Fluid column (or use the alternative symbols in Appendix 1). Note that the wet days are circled:

*	(*)	-	S	©	⊕
Menses	Spotting	Nothing	Sticky	Creamy	Eggwhite

3. Record the most fertile- or wet-quality cervical fluid of the day, as well as any spotting. Your cervical fluid will become progressively wetter as you approach ovulation.
4. Treat signs of semen or spermicide as a question mark in the Cervical Fluid column.
5. The vaginal sensation you notice throughout the day is an extremely important indicator of your fertility.

Identifying Your Peak Day

PEAK DAY

1. Your Peak Day is the last day of eggwhite cervical fluid or lubricative vaginal sensation, or midcycle spotting.
2. If you don't have eggwhite, you would count the last day of your wettest-quality cervical fluid or wet vaginal sensation.
3. If you have a creamy day after your last day of eggwhite, that last day of eggwhite is still considered your Peak Day.
4. Once you have identified the Peak Day, you should write "PK" in the Peak Day column of your chart.

Observing Your Cervix

1. Begin checking the cervix once a day after menstruation has ended.
2. Always wash your hands with soap first.
3. Try to check about the same time each day.
4. The most effective position in which to check is squatting.
5. Insert your middle finger and observe the conditions of the cervix (height, softness, opening, and wetness).
6. Women who have vaginally delivered children will always have a slightly open cervix that feels more oval.
7. The best time to begin observing cervical changes is when the wet-quality cervical fluid starts to build up in the days before ovulation.
8. Don't be surprised if you feel nabothian cysts on the cervix.
9. Do not check your cervical position if you have genital sores or a vaginal infection.

Charting Your Cervix

1. Use a circle to represent the cervical opening
 - = low, closed, and firm (F)
 - ◐ = midway, partly open, and medium (M)
 - ◑ = high, open, and soft (S)

2. The general cervical pattern after menstruation will typically progress gradually from low, closed, and firm before ovulation to high, open, and soft around ovulation, before abruptly returning to its original position.

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For those of you who think of yourselves as too squeamish to do any of this, all I can say is that once you've checked a couple of times, you realize it's really no big deal. (And if you are even *considering* having a baby, I can assure you the world of cervical and infant regurgitation is a thousand times more raunatinizing than crappet fluid!)

fairly thick. Critical quality is its stickiness or lack of true wetness. It may be crumbly or flaky like paste, or gummy and rubbery like rubber cement. May form small peaks when you separate your fingers.

When separating fingers, doesn't form peaks, but remains smooth like hand lotion.

Eggwhite: Usually clear but can have opaque streaks in it. Very slippery and wet, like raw eggwhite. Causes extremely lubricative feel at vaginal opening. May stretch from 1 to 10 inches.

Treat all signs of semen or residual spermicide as a question mark in the Cervical Fluid column, since they can mask cervical fluid. Remember, during Kegels following intercourse will usually get rid of both.

The vaginal sensation you notice throughout the day is an extremely important indicator of your fertility. Don't be surprised if the cervical fluid seems to disappear a day or so before the slippery, lubricative vaginal feeling dissipates.

Grade	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
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Grade	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19																																	

A CHART FOR YOU TO COPY @ 135%

Fertility Cycle # _____

Last 12 Cycles		Month												Year												The Cycle Length																				
Cycle Day	Shortest	Longest	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				
Day of Week																																														
Intermenstrual																																														
Bleed Cervical																																														
Midcycle Discharge																																														
Time Taken																																														
Temp. Chart																																														
Waking Temperature																																														
Cervical Fluid Description																																														
Microscopic																																														
Observatory Pain																																														
PHASE																																														
Menses																																														
Stress																																														
Tenets																																														
Exercise																																														
Breast Exam																																														
Cervical Fluid																																														
Peak Day																																														
Vegetal Secretion																																														
Cervix																																														

Master Chart

60

DETAILS ABOUT OBSERVING CERVICAL FLUID

Learn to tell the difference between semen and cervical fluid. Semen sometimes appears as a rubbery whitish strand or slippery foam. It tends to be thinner, breaks easily, and dries on your fingers quicker. By contrast, eggwhite-quality cervical fluid tends to be clear, shimmering, and stretchy. Since the two are similar, though, it is imperative that you mark any ambiguity with a question mark in the Cervical Fluid column. Doing Kegels to eliminate semen should minimize any potential confusion.

Separate your vaginal lips and check your cervical fluid at the lower opening either with tissue or your fingers. (If using tissue, wipe from front to back to avoid spreading bacteria.)



Glance away before looking at the cervical fluid. Focus on the quality as you rub your fingers together. Does it feel dry? Sticky? Creamy? Slippery or lubricative (like eggwhite)?



FROM TAKING CHARGE

Around your most fertile time, look in the water while you use the toilet. You would be surprised how often eggwhite-quality cervical fluid flows out so quickly that you could miss it if not paying attention. In addition, it's interesting to see how eggwhite-quality cervical fluid often forms a ball when it hits the water, appearing like a cloudy marble sinking to the bottom.

If you find it hard to differentiate between cervical fluid and basic vaginal secretions, remember that cervical fluid is insoluble. A little trick that can help you initially learn to tell the difference is the glass of water test. Take the sample between two fingers and dip it into a glass of water. If it is true cervical fluid, it will usually form a blob that sinks to the bottom. If it's basic vaginal secretions, it will simply dissolve.

IF YOU HAVE ANY TROUBLE TELLING THE DIFFERENCE. AREALLY GOOD WAY TO TEST 21

OPTIONAL

CHECKING CERVICAL FLUID AT THE TIP OF THE CERVIX

If you find that it is difficult to detect any cervical fluid at your vaginal opening, you can check internally by using your index and middle fingers to draw out the cervical fluid from the cervix itself.



FROM THE KAMICARRE...



Keep in mind, though, that if you choose to check internally, you should be consistent in doing so. You shouldn't alternate external-internal checking. In addition, remember that you will always notice a moistness on your finger if you check internally. But this is different from actual cervical fluid, which does not dissipate within a few seconds the way natural vaginal moisture does.

Identifying Your Peak Day

Once you have learned to chart your cervical fluid, you will want to use this information to determine your most fertile day. Generally speaking, this is considered the last day that you produce fertile cervical fluid or have a lubricative vaginal sensation for any given cycle. It is called the "Peak Day," because it denotes your peak day of fertility. It most likely occurs either a day before you ovulate or on the day of ovulation itself (the only way to know for certain would be to have an ultrasound). Practically speaking this means that your Peak Day will usually occur one or two days before your temperature shift.

You may have already noticed that you will only be able to determine the Peak Day in retrospect, on the following day. This is because you can only recognize it after your cervical fluid and vaginal sensation have already begun to dry up. This concept should become intuitive fairly quickly. Also be aware that the Peak Day is not necessarily the day of the greatest quantity of cervical fluid. In fact, the "longest eggwhite stretch" or greatest amount could occur a day or two before, as seen in Chart 6.6.

Knowing how to accurately determine your Peak Day is critical if you are to correctly follow the rules for both birth control and pregnancy achievement, so please read carefully and internalize the following guidelines:

IDENTIFYING PEAK DAY

The Difference Between Natural Methods of Birth Control

Fertility Signs That Are Observed	Rhythm Method	Billings (Ovulation) Method	BBT (Basal Body Temperature) Method	FAM/NFP* (Sympto-Thermal Method)
None	A mathematical formula based on past cycle lengths is used to predict future fertile phase.	Cervical fluid	Waking temperature	Waking temperature and cervical fluid
				Cervical position is optional, as are any number of secondary signs such as ovulatory pain or midcycle spotting.

* The difference between the Fertility Awareness Method (FAM) and Natural Family Planning (NFP) is that those who practice NFP choose to abstain during the fertile phase, whereas those who practice FAM allow themselves to use a barrier during this time.

Recommended Books

FERTILITY AWARENESS

- Billings, Evelyn, M.D., and Westmore, Ann. *The Billings Method: Controlling Fertility Without Drugs or Devices*. New York: Ballantine, 1986.
- Kass-Annesse, Barbara, R.N., CNP, and Danzer, Hal, M.D. *The Fertility Awareness Handbook*. Alameda, CA: Hunter House, 1992.
- Pfeiffer, Regina Asaph, and Whitlock, Katherine. *Fertility Awareness: How to Become Pregnant When You Want to, and Avoid Pregnancy When You Don't*. Englewood Cliffs, NJ: Prentice-Hall, 1984.

WOMEN'S HEALTH

- Ammert, Christine. *The New A to Z of Women's Health: A Concise Encyclopedia*. New York: Everest House, 1989.
- Boston Women's Health Book Collective. *The New Our Bodies, Ourselves*. New York: Simon & Schuster, 1992.

QUESTIONS

HOW MANY DAYS CAN SPERM SURVIVE?

Sperm can generally survive a maximum of 5 days in the fertile-quality cervical fluid that the woman produces around the time of ovulation. There is some suggestion in the medical literature that on extremely rare occasions, sperm can survive from 6 to 8 days. It is much more likely sperm will survive a maximum of 3 days, and only a few hours in drier, less fertile types of cervical fluid. If there is no cervical fluid present, the sperm will probably die within a couple of hours.

HOW LONG CAN A HUMAN EGG SURVIVE?

Most ova probably survive about 6 to 12 hours after ovulation, but for the purpose of contraception, you must count on a 24-hour survival period.

HOW DOES THE PILL WORK?

In essence, the Pill works by tricking the body into thinking it's already pregnant. It does this by manipulating the normal hormonal feedback system. The end result is that the body doesn't release the hormones necessary to stimulate the ovary to release an egg.

As a back-up, every other facet of the woman's reproductive system is also altered. Most important, the uterine lining is obstructed from producing a rich site for egg implantation, and the cervical fluid is prevented from forming a wet fertile quality necessary for sperm survival.

IS IT TRUE THAT A WOMAN CAN GET PREGNANT ANYTIME DURING HER CYCLE?

No, it is not. It is true that ovulation can vary greatly from cycle to cycle, but once a woman ovulates, she cannot ovulate again for the remainder of that cycle.

CAN A WOMAN GET PREGNANT DURING HER PERIOD?

The answer lies in the wording of the question. More precisely, it is essentially impossible for a woman to get pregnant *during* her period, but on rare occasions it is possible for a woman to get pregnant from *intercourse* during her period. Since sperm can live for 5 days, a couple could have sex near the end of the woman's period, and the sperm could then live long enough to fertilize an egg several days later, if the woman had a very early ovulation. (Conception is more likely in these cases if intercourse occurs at the end of a 6- or 7-day menstruation.) It's also possible that women who think they got pregnant from intercourse during their period were actually having sex during ovulatory spotting.

CAN A WOMAN GET PREGNANT IF SHE HASN'T BEEN MENSTRUATING?

Yes. Since a woman releases an egg 12 to 16 days *before* menstruation, it is possible to get pregnant without actually having periods. So women who are not menstruating due to any reason such as excessively low body fat, breastfeeding, or being premenopausal, are always at risk of ovulating at any point. This is because the underlying condition causing the lack of menstruation could change, thus unexpectedly triggering the release of an egg.

The bottom line is that women who don't menstruate cannot count on their condition as reliable contraception. Thus, the only practical way to know if ovulation is approaching is through charting your cycles, and more specifically, observing the change in your cervical fluid.

THE PEAK DAY

- Your Peak Day is the last day of either:
 - eggwhite-quality cervical fluid (which is slippery and usually stretchy)
 - lubricative vaginal sensation (which is wet and slippery, but may not be accompanied by any cervical fluid), or
 - any midcycle spotting

This means that if your last day of eggwhite is on a Monday but you still have one more day of lubricative vaginal sensation (or spotting) on Tuesday, your Peak Day is Tuesday. Of course, the reverse applies as well.

- If you don't have eggwhite cervical fluid, you would count the last day of the wettest-quality cervical fluid that you do have, which would probably be creamy. (Of course, once again, if your last day of creamy is on a Monday but your last day of wet vaginal sensation is on a Tuesday, your Peak Day would be Tuesday.)

- Some women will occasionally have a day of creamy cervical fluid after their last eggwhite day. Most Fertility Awareness instructors still consider the last day of eggwhite as the true Peak Day.

- Once you have identified the Peak Day, you should write "PK" in the Peak Day column of your chart. Charts 6.7 below show the most common cervical fluid patterns and how their corresponding Peak Days would be recorded.

Chart 6.7a. The classic cervical fluid pattern, with the last day of eggwhite as the Peak Day. In this case Day 17.

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Cervical Fluid	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Peak Day																														
Notes																														

Chart 6.7a. The classic cervical fluid pattern, with the last day of eggwhite as the Peak Day. In this case Day 17.

Chart 6.7b. The same pattern of cervical fluid as Chart 6.7a above, except she still has a lubricative vaginal sensation the day after her last day of eggwhite (recorded as "lube"). Thus, her Peak Day is Day 18.

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Cervical Fluid	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Peak Day																														
Notes																														

Chart 6.7b. The same pattern of cervical fluid as Chart 6.7a above, except she still has a lubricative vaginal sensation the day after her last day of eggwhite (recorded as "lube"). Thus, her Peak Day is Day 18.

Chart 6.7c. A common cervical fluid pattern in which eggwhite is never observed. Her Peak Day is therefore Day 13, the last day of creamy cervical fluid.

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Cervical Fluid	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Peak Day																														
Notes																														

Chart 6.7c. A common cervical fluid pattern in which eggwhite is never observed. Her Peak Day is therefore Day 13, the last day of creamy cervical fluid.

Chart 6.7d. A cervical fluid pattern in which a day of creamy follows the last day of eggwhite. In this case, the Peak Day is still considered Day 15, that last eggwhite day.

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Cervical Fluid	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Peak Day																														
Notes																														

Chart 6.7d. A cervical fluid pattern in which a day of creamy follows the last day of eggwhite. In this case, the Peak Day is still considered Day 15, that last eggwhite day.

3/8 CERVICAL POSITION (OPTIONAL) BUT VERY HELPFUL!

The cervical position is the one fertility sign that often takes more than one cycle to grasp, since you probably haven't had experience feeling your cervix. It may take a few cycles to be able to tell the difference between high and low, soft and firm, or open and closed.

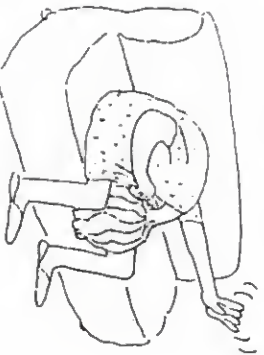
You should notice that as you approach ovulation, your cervix tends to rise, soften, and open. It progresses from feeling firm like the tip of your nose (when not fertile) to feeling soft like your lips as you approach ovulation. Your cervix will drop abruptly into the vagina when estrogen levels fall, and progesterone becomes dominant after ovulation. By simply inserting your clean middle finger, you can detect these subtle changes.

The cervical position is an optional sign, but it is especially helpful if either of the other primary signs are confusing in any particular cycle. It should never be relied on alone. The best time to observe dramatic changes are right around ovulation, when the cervix shifts the most abruptly.

Some women may be initially squeamish about checking the cervix. This is understandable, since it is not something they are accustomed to feeling. Simply breathe slowly and let your body relax. You'll probably find that it can be fascinating to observe how it varies throughout the cycle. And once you become familiar with the various changes, you can restrict your cervix checking to about a week per cycle (see *Shortcuts*, Chapter 10).

Remember, the cervix is an optional sign, so you may decide you'd rather not check it at all, though I do recommend it for the following people:

1. Those women whose temperature patterns do not reflect a completely obvious thermal shift. The cervix in such cases would provide corroborating evidence of fertility.
2. Those whose cervical fluid or temperatures are not easy to interpret.
3. Those who are willing to take slightly increased risks in order to extend the time they consider themselves infertile.
4. Those people who absolutely cannot risk an unplanned pregnancy and want a third sign to confirm infertile days.



"Monica's been on this marvellous self-examination course..."

FROM TONYA'S
SHORTCUTS...

WHAT IS MULTIPLE OVULATION?

Multiple ovulation is the release of two or more eggs in a single cycle. It occurs within 24 hours or less, after which no more eggs will be released until the following cycle. It is responsible for the birth of fraternal twins, as opposed to identical twins, which are the result of a single egg that divides after fertilization.

Multiple ovulation appears to be more common than once thought. While it is true that less than 1 in 100 American deliveries are fraternal twins, researchers now realize that there are many more fraternal conceptions. Most of these second fetuses miscarry in what is called the "vanishing twin phenomenon." Taking this into account, one could speculate that multiple ovulation may actually occur as frequently as 5 to 10% of all cycles.

DO WOMEN FEEL MORE SEXUAL AROUND OVULATION?

Many women do. Because estrogen peaks around ovulation, women typically experience a wet, slippery sensation due to the fertile cervical fluid produced. This cervical fluid feels similar to sexual lubrication, and can therefore be experienced as a sexual feeling. A woman who practices FAM needn't worry about confusing the two, because cervical fluid is checked periodically throughout the day, and not when she is sexually aroused.

CAN ORGASM CAUSE OVULATION?

No. Orgasms and ovulations are unrelated. In order to ovulate, estrogen must build up in the woman's system gradually, usually over a period of days. Orgasms, however, can occur at any time in the cycle!

3/8 FERTILITY AND CYCLES

WHAT PERCENT OF A WOMAN'S CYCLE IS FERTILE?

The answer to this question is somewhat tricky. The general answer is that most women are fertile for only a few days of their cycle. However, there are several factors to consider:

1. The woman's egg can only live up to 24 hours. Two or more eggs may be released over a maximum of 24 hours. So, in a vacuum, a woman is only fertile for about a day or two. But the man's sperm can live up to 5 days, so the combined fertility of the two individuals is about a week.
2. For a couple trying to get pregnant, the woman's fertile phase is as long as she has fertile-quality cervical fluid, up through ovulation. That might be several days, or as few as one.
3. For a couple trying to prevent pregnancy, FAM adds a buffer zone of a few days to assure that an unplanned pregnancy does not occur.

QUESTIONS

QUESTIONS

IS THERE REALLY A RISK OF PREGNANCY IF I ONLY HAVE STICKY (NONWET) CERVICAL FLUID?

Yes. While sticky cervical fluid is certainly less fertile than creamy or eggwhite, it is still possible to conceive from preovulatory intercourse on a sticky day.

IS IT WORTH CHECKING MY CERVICAL POSITION?

Although it is not necessary to check your cervix in order to practice FAM effectively, I urge you to learn how to do so. At a minimum, I think you should practice checking in the days leading up to and just past ovulation, for the first few cycles that you're learning the method. Once you recognize how your cervical position reflects your fertility, you will always be able to use it as a cross-check whenever you find the slightest ambiguity in your other two fertility signs. The bottom line is that complete familiarity with the changes in your cervix will greatly increase the confidence with which you observe your fertility and overall gynecological health. Since it only takes seconds a day to check, my attitude is that for those relevant several days per cycle, you should just do it!

A distinct but closely related question is whether you should ever check your cervical fluid at the cervical tip. The short answer is that it isn't necessary, although if you want to be even more conservative than the FAM rules require, or if you simply want to know your cervical fluid status ahead of time, it certainly couldn't hurt. (Remember that the cervical fluid you normally check at the vaginal opening might have taken several hours to trickle down from the cervical tip.) Finally, checking this way may provide some couples with more time for unprotected sex (see pages 314-315).

8's OVULATION

DO WOMEN ALWAYS OVULATE ON DAY 14 OF THEIR CYCLE?

No! The day of ovulation can vary among women as well as within each individual woman. However, once a woman ovulates, the time between ovulation and her menstruation is very consistent, almost always between 12 and 16 days. Within most individual women, this length of time generally doesn't change by more than a day or two. In other words, if there is going to be variation in the cycle, it is the first preovulatory phase that may vary. The second (postovulatory) phase remains fairly constant.

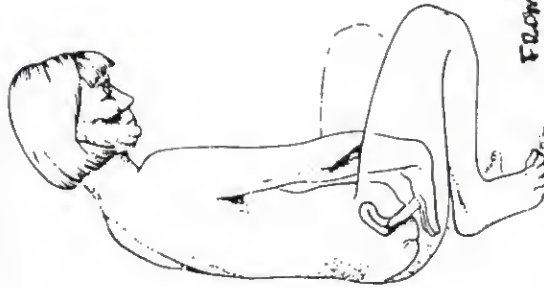
CAN A WOMAN OVULATE MORE THAN ONCE PER CYCLE?

No. Have you ever heard of a woman getting pregnant on Monday, and then again that following Friday, and then two weeks later on Thursday? Certainly not, because once a woman ovulates, her body cannot release any more eggs that cycle. Ovulation is an event that may take place over approximately 24 hours, but just once per cycle. During those 24 hours, one or more eggs may be released (as in the case of fraternal twins). But once ovulation has occurred, it is virtually impossible for a woman to release another egg until the next cycle.

CERVICAL POSITION CONT.

Observing Your Cervix

1. Begin checking your cervix once a day after menstruation has ended.
2. Always wash your hands with soap first.
3. Try to check about the same time each day. Checking just after a morning or evening shower is convenient, since your hands are clean, and you don't have to bother with clothing.
4. The most effective position in which to check is squatting, since this pushes the cervix closest to the vaginal opening. However, some women prefer to check while sitting on the toilet, or putting one leg on the bathtub. The most important thing is to be consistent about the position you choose, since different positions will change the cervical height.



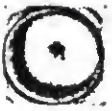
FROM TAKING A PEE

5. Use your finger as a convenient gauge. Insert your middle finger (nails should be trimmed) and observe the following conditions of the cervix in this order:

- a. height in the vagina (low, midway, or high)
 - b. softness (firm, medium, or soft)
 - c. opening (closed, partly open, or open)
 - d. wetness (nothing, sticky, creamy, or eggwhite)
- (Technically, wetness is a quality of the cervical fluid and not the cervix, but it is included here since, when checking the cervix, you can't help notice whatever fluid there is.)

OBSERVING THE CERVIX CONT.

6. Note that women who have vaginally delivered children will always have a slightly open cervix. It will feel more oval and usually shaped like a horizontal slit, so it is important to focus on the subtle variation throughout the cycle.



Woman who has never
vaginally delivered children



Woman who has
vaginally delivered children

7. The best time to begin observing cervical changes is when the wet-quality cervical fluid starts to build up in the days before ovulation. You should continue observing at least until the cervical fluid and cervix abruptly revert back to their infertile quality. Cervical changes will become easier to observe with practice.

8. Don't be surprised if you notice small firm bumps that feel like granules of sand under the skin of your cervix. These are called nabothian cysts, and typically come and go without treatment (see illustration on page 203).

9. Obviously, you should not check your cervical position if you have genital sores or vaginal infections.

* While SHOW is a convenient mnemonic device to remind yourself the cervical qualities, the order listed is the way in which you'll most likely notice your own cervix.



Chart 6.8. A typical cervical position pattern. Note that the cervix quickly reverts back from its Peak Day of fertility, and thus in this case is closed and low by Day 16.

QUESTIONS

HOW MANY DAYS DO YOU HAVE TO ABSTAIN WHEN USING THE FERTILITY AWARENESS METHOD FOR BIRTH CONTROL?

You never have to abstain when using the Fertility Awareness Method. This is different than *Natural Family Planning*, which does require abstinence during the fertile phase. However, if you do have intercourse when you are potentially fertile, you must use a barrier method of contraception to avoid pregnancy. The fertile phase will vary, but in practice this means that the average couple would have to use barriers about 8 to 10 days per cycle. The average cycle is 27 to 31 days, and thus for the typical couple, barriers (or abstinence) would be required for about 30% of the cycle.

DO WOMEN EVER HAVE TRULY "DRY" DAYS?

When a woman charts, she identifies her cervical fluid by various degrees of wetness, and records a dash (—) if no cervical fluid is present at the vaginal opening. This symbol for dry refers to a lack of cervical fluid, and not to internal vaginal moisture, which is present to some degree all of the time. It's easy to distinguish between cervical fluid and vaginal moisture. Cervical fluid on your finger will stay moist for minutes or longer, whereas vaginal moisture—like that inside your mouth—will dissipate from your finger within seconds.

DO I HAVE TO WAKE UP EVERY DAY AT THE SAME TIME IN ORDER TO TAKE MY TEMPERATURE?

No, although you should try to be as consistent as possible. In general, waking temperatures tend to creep up about two-tenths of a degree for every extra hour you sleep in. Thus, if you take it substantially later than usual, it may result in a reading that is outside the range of your usual pattern. If you wake up earlier than usual, you should take your temperature upon awakening, so long as you have had 3 hours of consecutive sleep.

Regardless, an occasional aberrant temperature can easily be dealt with by following the Rule of Thumb (see page 75). You should also be aware that if taking your temperature feels like a burden, you can in fact take it for only about a third of the cycle without sacrificing contraceptive efficacy as described in Chapter 10.

HOW CAN TEMPERATURES BE RELIED ON IF I SOMETIMES GET A FEVER?

There may be several influences, from fever to alcohol to lack of sleep that could affect your waking temperature. But this doesn't compromise your ability to rely on it while charting. This is because you ultimately want to identify a pattern of low and high temperatures, rather than focusing on individual ones. Outlying temperatures can be effectively dealt with by using the Rule of Thumb, which basically allows you to ignore them in interpreting your chart (see page 75). In addition, you will generally be able to use your other two signs to cross-check your fertility in situations such as these.

Most Commonly Asked Questions

Q: THE FERTILITY AWARENESS METHOD (FAM)

HOW EFFECTIVE IS FAM FOR BIRTH CONTROL?

If used correctly every cycle, and you abstain during the fertile phase, the FAM rules taught in this book have a failure rate of approximately 2% per year for the typical couple. This is considered lower than any barrier method, including the condom. (Sterilization and chemical methods such as Norplant and the Pill have an even lower equivalent failure rate of 1% or less.) However, for those couples who choose to have sex throughout the fertile phase while using a barrier method, the overall failure rate will naturally be no lower than the rate of the barrier the couple chooses to use. For most women, the fertile phase is usually about 8 to 10 days per cycle.

In actual use, studies show that failure rates vary greatly, from about 1% to 20% per year, with most of the variance being a direct function of the motivation of the couples involved. For a more thorough discussion of Fertility Awareness and contraceptive effectiveness, see Appendix D.

WHAT IS THE DIFFERENCE BETWEEN THE FERTILITY AWARENESS METHOD AND THE RHYTHM METHOD?

Probably a more appropriate question is what do they have in common? The only thing they have in common is that both are natural methods of birth control. The Rhythm Method is an obsolete, ineffective method of identifying the fertile phase using statistical prediction based on past cycles. The Fertility Awareness Method, however, is a scientifically validated method involving the observation of the three primary fertility signs: waking temperature, cervical fluid, and cervical position. FAM is considered very effective because the woman's fertility is determined on a day-to-day basis.

IS FAM A GOOD METHOD FOR EVERYBODY?

No, not as a method of birth control. It is only appropriate for those women who have the discipline to learn the method well, and then to follow the rules once they have internalized them. In addition, it is only recommended for monogamous couples, given the danger of AIDS and other STDs.

However, as a method of pregnancy achievement, FAM is highly advised as the first step every couple should take to maximize their chances of conception, and to determine if there may be anything impeding their ability to get pregnant. In addition, Fertility Awareness can be very effective in helping couples plan the timing of their baby's birth.

FAM is also highly beneficial for all women who simply want to educate themselves about their bodies. So even if you have no interest in using the method for avoiding or achieving pregnancy, it is an empowering means of taking control of your gynecological health.

SEMEN-EMITTING TECHNIQUES

KEGEL EXERCISES

Kegel exercises strengthen the vaginal muscles, which are usually referred to as pubococcygeus muscles, or, thankfully, just PC muscles. Strengthening them serves many useful purposes, including aiding in:

- Increasing sexual pleasure.
- Pushing cervical fluid down to the vaginal opening.
- Pushing semen out of the vagina (see SETs, below).
- Restoring vaginal muscle tone following childbirth.
- Maintaining urinary continence in older women.

How to Identify the PC Muscle

Sit on a toilet and stop and start the flow of urine without moving your legs. Your PC muscle is what is turning the flow on and off.

Kegel Exercises

When you are first learning to do Kegel exercises at set times to want to strengthen your vaginal muscles. But soon it will become such a habit that you'll find yourself doing them throughout the day without even thinking about it.

Slow Kegels: Tighten the PC muscle as you did to stop the urine. Hold it for a slow count of three. Relax. Repeat.

Fast Kegels: Tighten and relax the PC muscles as rapidly as you can. Repeat.

When to Do Kegels

You can do Kegels any time during your daily activities. Be creative and find times throughout the day, such as while driving your car, watching television, or washing dishes.

What You May Initially Experience When You Start Doing Kegels

When you first start practicing Kegels, you will probably notice that the muscle doesn't want to stay contracted during the slow exercises and that you can't do the quick ones as fast or evenly as you'd like. In addition, sometimes the muscle will start to feel a little tired, which is not surprising. You probably haven't used it much before. Take a few seconds and start again. In a week or two you will probably notice that you can control them quite well.

A good way to check how you are doing is to insert one or two fingers into your vagina and feel if you are able to tighten your PC muscle around your finger.

Semen Emitting Technique (SETs)

The first time you urinate following intercourse, push out as much semen as possible, absorbing the rest with tissue. The next couple of times, stop and start the flow with Kegels, wiping away the semen after each contraction. You will usually be able to eliminate the semen by the time you are through urinating. (This technique should work for residual spermicide, as well.)

TO GET SEMEN OUT OF VAGINA TO LESSEN CHANCES ANY INFECTION-ESP. YEAST.

(NOT SEXUALLY TRANSMITTED DISEASES)

KEGELS ARE REALLY, REALLY HELPFUL WHILE THEY DO ENHANCE SEXUAL PLEASURE, THEY ALSO HELP GET THE CUM OUT AFTER SEX. THIS HELPS RID CONFUSION BETWEEN CUM & CERVICAL FLUID, & IT'S GOOD OF

27

SOME TYPES OF PATTERNS

Types of Thermal Shift Patterns

~~Chart 6.4~~ ^{Chart 6.4} shows a coverline drawn with a standard thermal shift pattern. The standard pattern clearly shows the range of low temperatures, followed by a distinct thermal shift of at least two-tenths of a degree, followed by a consistent range of high temperatures that remain until the end of that cycle. Standard patterns are the easiest to interpret, and thus drawing their coverline is a breeze.

Most women tend to experience the same type of thermal shift patterns within their own cycles, although they may see variation now and then. While the standard shift is the most common, there are three other types that some women experience. They are shown in Charts 6.3 on the opposite page. While they can be a bit confusing initially, they are also easy to interpret once you are familiar with them. Pages 271-273 in Appendix A give further explanation should you find that you have these patterns.

Outlying Temperatures and the Rule of Thumb

If you have an occasional temperature that is artificially high due to reasons such as fever, a restless night's sleep, or alcohol consumption the night before, you may cover the outlying temperature with your thumb when you are determining your coverline. Circle the outlying temperature as you would any other, but then draw dotted lines between the temperatures on either side, so that it doesn't interfere with your ability to interpret your chart. You essentially ignore the abnormal temperature, and thus still must count back the required six days, not including the day eliminated, in order to determine your coverline.

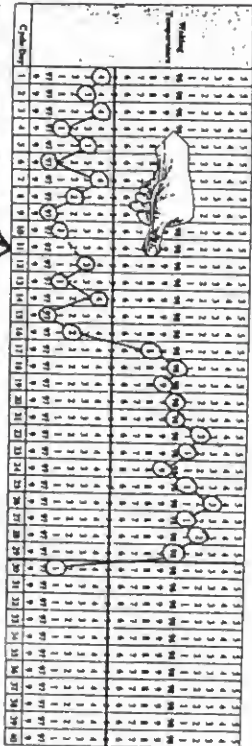


Chart 6.4. Using the Rule of Thumb for aberrant temperatures. Note the thumb covering the outlying temperature on Day 11. A dotted line should be drawn between the days on both sides of it. Also notice that Day 11 is not counted among the necessary six days to draw the coverline.

VERY CLEAR EASY TO INTERPRET

DAY 11 HERE WAS

CROSSED OUT AS

ABERRANTLY HIGH.

THIS, DAY 10 & 12 WERE

CONNECTED WITH

A DOTTED LINE.

GLOSSARY

Spinnbarkeit: Fertile-quality cervical fluid that is generally stretchy, slippery, and clear.

Spotting: See Midcycle spotting.

Start-stop temperature shift pattern: A type of thermal shift in which an initial spurt of temperatures occurs over several days, followed by a higher pattern of temperatures usually resembling a bell curve.

Sticky cervical fluid: The type of cervical fluid that is often like the quality of library paste. It is usually the first type of cervical fluid that appears in a woman's cycle following menstruation. It is very difficult for sperm to survive in it.

Sympto-thermal method (STM): A natural method of family planning combining observation of the waking (basal body) temperature, cervical fluid, and cervical position, along with any other secondary fertility signs. The most comprehensive and effective natural method, and the one taught in this book.

Temperature chart: A graph showing variation in daily waking temperature recorded to detect ovulation. See Biphasic and Monophasic temperature pattern.

Temperature method: See BBT method.

Temperature shift: The rise in waking temperature that divides the preovulatory low temperatures from the later, postovulatory high temperatures on a biphasic chart. It usually results in temperatures that are at least two-tenths of a degree higher than those of the previous 6 days.

Temperature Shift Rule: One of the four natural birth control rules. It states that you are safe the evening of the third consecutive day your temperature is above the coverline.

Thermal shift: See Temperature shift.

Tubal ligation: The surgical sterilization procedure that ties or cauterizes a woman's fallopian tubes to prevent the sperm and egg from uniting.

Tubal pregnancy: An ectopic pregnancy, in which the fertilized egg starts to implant in the fallopian tube rather than in the uterus.

Ultrasound: A diagnostic technique that uses sound waves, rather than X rays, to visualize internal body structures.

Unchanging Day Rule: One of the two natural birth control rules used during phases of anovulation. It states that if your 2-week Basic Infertile Pattern (BIP) is dry or the same-quality sticky cervical fluid day after day, you are safe for unprotected intercourse the evening of every day or unchanging sticky day.

Vaginismus: A painful spasm of the vagina that prevents comfortable penetration of the penis.

Vaginitis: An inflammation of the vagina caused by an infection or other irritation.

Vas deferens: One of a pair of tubes that carries the seminal fluid from the testis to the urethra.

Vasectomy: A male sterilization procedure in which each vas deferens is cut to prevent the passage of sperm.

Waking temperature: The temperature of the body at rest, taken immediately upon awakening, before any activity. Often referred to as basal body temperature (BBT).

Withdrawal: The act of removing the penis from the vagina before ejaculation occurs. Often used as a form of contraception.

Withdrawal bleeding: Vaginal bleeding resulting from a drop in the levels of estrogen necessary to maintain the uterine lining. It usually occurs during anovulatory cycles.

Zygote: The fertilized ovum, a single fertilized cell resulting from fusion of the sperm and the egg. After further cell division the zygote is known as an embryo.

GLOSSARY

- Peritrium:** The membrane between the vaginal opening and the anus.
- Periodic abstinence:** Various methods of family planning based on voluntarily abstaining from intercourse during the fertile phase of the cycle in order to avoid pregnancy.
- Pituitary gland:** The gland at the base of the brain that produces many important hormones, some of which trigger other glands into making their own hormones. The pituitary functions include hormonal control of the ovaries and testes.
- Polycystic ovaries:** A condition in which the ovaries are studded with many small cysts, which may prevent the woman from ovulating normally.
- Poly:** A small, often teardrop-shaped growth, usually found in the cervix or endometrium. It is almost always benign.
- Postcoital contraception:** Emergency contraceptive measures in the form of high-dose pills or insertion of an IUD that must be implemented within 72 hours following unprotected intercourse.
- Postcoital test:** The examination of cervical fluid shortly after intercourse to determine whether sperm survive in it.
- Postovulatory phase:** See **Luteal phase**.
- Preejaculatory fluid:** A small amount of lubricating fluid that is emitted from the penis before ejaculation during sexual excitement. May contain sperm.
- Pregnancy test:** A blood or urine test designed to detect the presence of HCG, the pregnancy hormone emitted from the newly implanted embryo.
- Pregnancy wheel:** A calculating device used by doctors to determine a pregnant woman's due date. It is based on the assumption that ovulation occurs on Day 14, and is therefore often inaccurate.
- Pregnenediol:** A metabolite (breakdown product) of progesterone, excreted in the urine.
- Premenopause:** See **Perimenopause**.
- Preovulatory phase:** The variable-length phase of the cycle from the onset of menstruation to ovulation. See **Menstrual cycle**.
- Progesterone:** A hormone produced by the corpus luteum in the ovary following ovulation. It prepares the endometrium for a possible pregnancy. It is also responsible for the rise in waking temperature, and for the change in cervical fluid and cervical position in the postovulatory infertile phase.
- Prolactin:** A pituitary hormone that stimulates the production of breast milk and indirectly inhibits the ovarian production of estrogen.
- Prostaglandins:** A group of fatty acids that is believed to be responsible for severe menstrual cramps.
- Pubococcygeus:** See **PC muscles**.
- Reproductive endocrinologist:** A doctor who specializes in reproductive hormones.
- Rhythm method:** An unreliable method of family planning in which the fertile phase of the cycle is calculated according to the lengths of previous menstrual cycles. Because of its reliance on regular menstrual cycles and long periods of abstinence, it is neither effective nor widely accepted as a modern method of natural family planning.
- Rule of Thumb:** A guideline in which aberrant waking temperatures are discounted, particularly when calculating the coverline.
- Secondary fertility signs:** Physical and emotional changes that may provide supplementary evidence of the fertile phase. Secondary signs include *mittelschmerz* (ovulatory pain), spotting, breast tenderness, and mood changes.
- Semen Emitting Technique (SETs):** The use of Kegel exercises (and tissue) in order to eliminate semen from the vagina.
- Slow-rise temperature shift pattern:** A type of thermal shift in which temperatures rise by merely one-tenth of a degree per day over several days.
- Spectulum:** A two-bladed stainless steel or plastic instrument used to examine the inside of the vagina and the cervix.

EXAMPLES OF SOME THERMAL SHIFT PATTERNS:

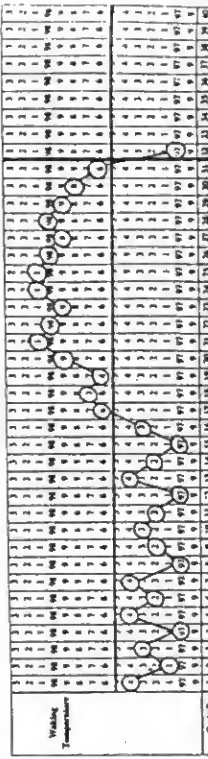


Chart 6.3a—The stair-step rise. Note how the temperature rises in an initial spurt of about 3 days on Day 17 before rising further on Day 20.

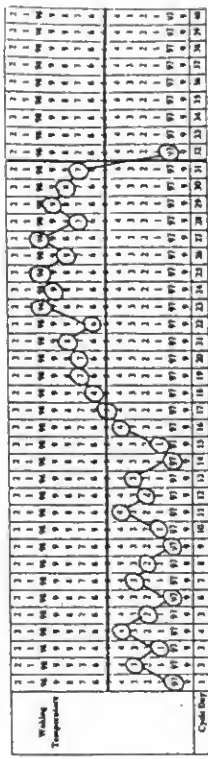


Chart 6.3b—The slow-rise. Note how the temperature rises one tenth of a degree at a time, starting with Day 17 as the first temperature higher than the cluster of the six before it. Also notice that with this particular pattern, the coverline cannot be drawn using the standard instruction. (See page 272 for how you would do so.)

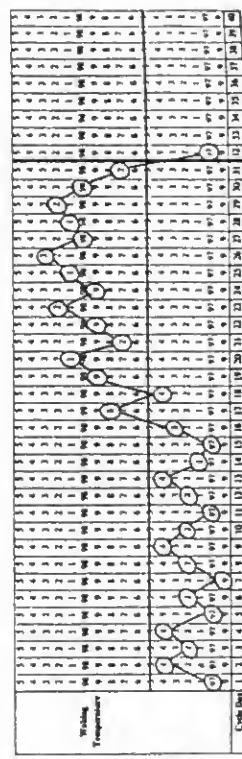
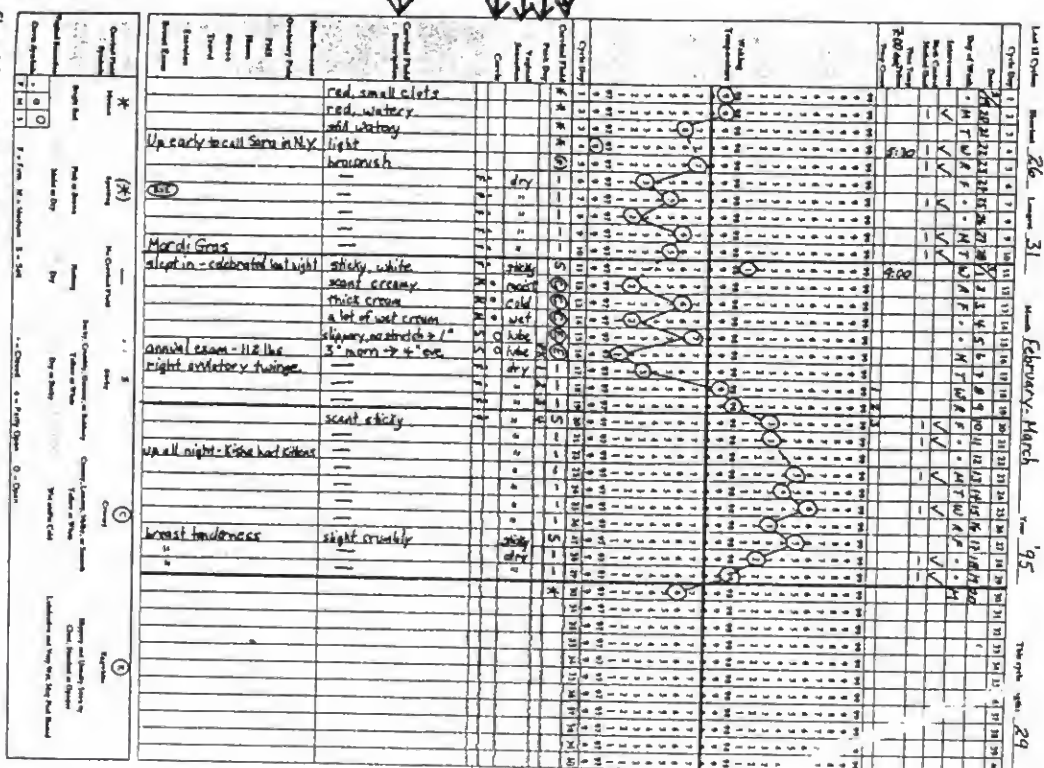


Chart 6.3c—The fall-back rise. Note how the temperature initially rises above the coverline on Day 17, but then falls back the next day before rising again on Day 19.

AN EXAMPLE OF A VERY THOROUGH CHART

Fertility Cycle # 11

CHART



GLOSSARY

- Menstruation:** The cyclical bleeding from the uterus as the endometrium is shed. True menstruation is preceded by ovulation usually 12 to 16 days earlier.
- Menstrual failure rate:** This refers to the effectiveness of a contraceptive method under ideal conditions, when always used correctly.
- Menstrual manipulation:** A procedure in which a single sperm is inserted directly into the uterus through the assistance of a hatched instrument. The newly created embryo is then transferred from the petri dish to the woman's uterus.
- Micro-spotting:** Light bleeding between two menstrual periods. Usually occurs at the time of ovulation, and is often considered a secondary fertility sign.
- Afflictions:** Lower abdominal pain occurring around the time of ovulation.
- Minophoric temperature pattern:** That that does not show the biphasic pattern of low and high temperatures (usually indicating an absence of ovulation) that occurs with ovulation. The accumulation of sticky, infertile-quality cervical fluid in the cervical opening. It generally impedes the passage of sperm through the cervix.
- Multiple ovulation:** The release of at least two separate eggs in one menstrual cycle. Each of the eggs is released within the same 24-hour period of time.
- Allopathic cyst:** A harmless cyst on the surface of the cervix.
- Infertile Family Planning (NFP):** Methods for planning or preventing pregnancy by observation of the naturally occurring signs of the fertile and infertile phases of the menstrual cycle. Unlike the Fertility Awareness Method, users of NFP abstain from intercourse during the fertile phase.
- Ovary:** One of a pair of female sex organs that produce mature ova, which in turn produce estrogen.
- Ovulation:** The release of a mature egg (usually from the ovarian follicle).
- Ovulation predictor kits (OPKs):** Kits that detect the impending release of an egg, usually, by testing urine for the presence of LH.
- Ovulation:** A cycle in which ovulation occurs.
- Ovulation:** Often called Mittelschmerz. Lower abdominal pain occurring around the time of ovulation. It may be caused by the irritation of the pelvic lining due to a slight amount of blood loss or from the actual break-through of the egg through the ovarian wall. Considered a secondary fertility sign.
- Ovulatory spotting:** See Midcycle spotting.
- Ovum:** The mature female sex cell, or egg. The plural is ova. Analogous to the male sperm.
- Ovum transfer:** A procedure in which a man's sperm is used to fertilize the egg of a donor woman. The resulting embryo is then placed in the uterus of his partner, who may eventually become pregnant.
- Patch Rule:** One of the various natural birth control rules used during phases of anovulation. It states that you refrain from sexual activity every day that your 2-week Basic Inferior Pattern remains the same. But as soon as you see a change in your BIP, you must consider yourself fertile until the fourth evening after the Peak Day.
- PC muscles:** Popular term for the pubococcygeus muscles of the pelvic floor. Their function is to support the bladder, rectum, and uterus.
- Peak Day:** The last day that you produce your most fertile cervical fluid, have spotting, or have a lubricative vaginal sensation for any given cycle. It usually occurs either a day before you ovulate or on the day of ovulation itself.
- Peak Day Rule:** One of the four natural birth control rules. It states that you are safe the evening of the fourth day after your Peak Day.
- Perigonad:** A powerful drug used to stimulate ovulation. It often triggers the release of more than one egg.
- Perimenopause:** The period of months or years preceding the menopause, during which time there may be emotional and physical changes, including irregularities in the menstrual cycle due to fluctuating hormone levels. Also called premenopause.

05 - an opening; the opening to the uterus through the cervix.

GLOSSARY

Implantation: The process by which the fertilized egg imbeds in the uterine lining, or endometrium.

Infertile phases: The phases of the cycle when pregnancy cannot occur. Women have a preovulatory and postovulatory infertile phase.

Infertile-quality cervical fluid: A thick, sticky, or opaque-quality cervical fluid that produces a vaginal sensation of dryness or stickiness. It is very difficult for sperm to survive within it.

Intermenstrual pain: See *Mittelschmerz*.

Intra-Uterine Insemination: See IUI.

In Vitro Fertilization: See IVF.

IUI: Intra-Uterine Insemination. A procedure in which a catheter is used to insert the man's sperm through the cervix directly into the uterus.

IVF: In Vitro Fertilization. A procedure in which several eggs from the woman's ovaries are fertilized with her partner's sperm in a petri dish outside her body, then placed in the uterus 2 days later.

Kegel exercise: An exercise to contract and relax the vaginal muscles, in order to help strengthen them. It is also used to help push cervical fluid and semen out of the vaginal opening.

Lactational Amenorrhea Method (LAM): A natural method of family planning used by breastfeeding women whose periods have not yet returned. It is considered highly effective if they are fully or nearly fully breastfeeding and are less than 6 months postpartum.

Laparoscopy: A procedure in which a laparoscope, a thin telescope instrument, is inserted through a small incision in the navel to examine the inside of the abdomen, particularly the ovaries.

Laparotomy: A surgical operation involving opening the abdomen.

Lochia: Bloody secretions from the uterus and vagina the first few weeks after childbirth.

Lubricative sensation: The slippery and wet vaginal sensation you feel, usually when a fertile-quality cervical fluid is present. If you feel it when no cervical fluid is present, you are still fertile.

LUFs: Luteinized unruptured follicle syndrome, a condition in which the ovum remains stuck within the luteinized follicle, unable to pass through the ovarian wall to a possible conception. It is now believed to be a major cause of unexplained infertility.

Luteal phase: The phase of the menstrual cycle from ovulation to the onset of the next menstruation. It typically lasts from 12 to 16 days, but rarely varies by more than a day or 2 within individual women.

Luteinizing hormone (LH): A pituitary hormone that is released in a surge, causing ovulation and development of the corpus luteum.

Menarche: The first menstrual period in a girl's life.

Menorrhagia: Exceptionally heavy bleeding during regular menstrual periods.

Menses: See *Menstruation*.

Menstrual cycle: The cyclical changes in the ovaries, cervix, and endometrium under the influence of the sex hormones. The length of the menstrual cycle is calculated from the first day of menstruation to the day before the following menstruation.

Menstrual cycle, phases of: There are three specific phases in the menstrual cycle:

1. The preovulatory infertile phase, which starts at the onset of menstruation and ends at the onset of the fertile phase.
2. The fertile phase, which includes the days before and immediately after ovulation when intercourse may result in pregnancy.
3. The postovulatory infertile phase, which starts at the completion of the fertile phase and ends at the onset of the next menstruation.

The first time I heard that FAM involved taking a temperature every day, I thought it wouldn't be worth it. But 4,745 temperatures later, I've lost sight of what the big deal was. In fact, it's nice to have an excuse to snuggle a minute, warm and cuddly — rather than feeling the need to bolt out of bed the second the alarm goes off.

Now granted, in order to get an accurate reading, you can't do fifty jumping jacks before taking it. Nor, for that matter, can you gab on the phone with your Aunt Maria, or even get up to urinate first thing upon awakening, even if you've downed two pints of lemonade the night before.

But on the positive side, taking your temperature will provide you with a wealth of information about your body that, when all is said and done, will have probably taken about a minute of your day. The text and book excerpt is by Toni Weschler, MPH. For additional information or a more comprehensive chart, please refer to Toni Weschler's book, *Taking Charge of Your Fertility* or log on to her website: TCOYF.com

The Female Reproductive System

Every menstrual cycle, several eggs start to mature in each ovary under the influence of Follicle Stimulating Hormone (FSH). Each egg is encased in its own follicle which produces estrogen, the hormone necessary for ovulation to eventually occur.

The primary factor that determines how long it will take before you ovulate (the process of releasing an egg) is how soon your body reaches an estrogen threshold. The high levels of estrogen will trigger an abrupt surge of Luteinizing Hormone (LH), causing the largest encased egg to literally burst through the ovarian wall within a day or so of this surge.

Following ovulation, the follicle which surrounded the egg releases progesterone for about 12-16 days. Progesterone is extremely important for a woman's fertility because it performs three main functions:

1. Prevents the release of all other eggs for that cycle.
2. Causes the uterine lining (endometrium) to prepare for possible egg implantation by softening and sustaining itself until menstruation.
3. Causes the primary fertility signs to change—more specifically, it causes the basal body temperature (BBT) to rise, and the cervical fluid to dry up following ovulation.

The first part of the cycle, from Day 1 of menses to ovulation, is the follicular (or estrogenic) phase. Its length can vary considerably. The second phase of the cycle, from ovulation to menstruation, is the luteal (or progesterone) phase. It usually has a finite lifespan of 12-16 days. What this means is that ultimately, it is the day of ovulation which will determine the length of your cycle.

websites:

fertilityuk.org
fwhc.org

(feminist women's health center—
THIS IS THE BOOK I COPIED
THE BULK—a GREAT site!)
PAMPHLET FROM.

A MINI SYNTHESIS OF BIOLOGICAL EVENTS DURING OUR CYCLES.

Natural Birth Control Without Chemicals or Devices

Contraceptives should be used on every conceivable occasion.

—SPIKE MILLIGAN

Needless to say, the Fertility Awareness Method only works as a contraceptive if, during your fertile phase, you choose to either postpone intercourse or use a barrier method. Statistically speaking, though, you should be aware that the method is much more effective if you choose to abstain during your fertile phase. The reason for this is:

1. If a barrier method is going to fail, it's going to fail when you're in your fertile phase. And all contraceptives have a failure rate.
2. Using barriers with spermicide during the fertile phase can mask cervical fluid. (This is one of several reasons why I recommend condoms if you are not going to abstain.)

Ideally, then, the method would be most effective if you only have intercourse when you're infertile. Actually, while it may seem difficult to do, many users of natural birth control feel that this creates a "courtship and honeymoon" effect. This is to say that every cycle, there is a phase when the couple finds creative ways to sexually express themselves, knowing that within a few days, they can resume intercourse again. By choosing to postpone sex rather than use a barrier method during the fertile phase, people often feel they're living in harmony with their fertility, rather than fighting it.

Part of this harmony with your fertility is simply learning to understand how your body works. A way to conceptualize the length of a woman's fertility is to remember that it is totally dependent on the man's fertility. In a vacuum, a woman would only be fertile a maximum of 24 hours, or 48 hours if two or more eggs were released at ovulation. But think of fertility in terms of a range that combines the viability of both sperm and egg. The only reason a woman is fertile for longer than 24 to 48 hours is because sperm can live up to 5 days.

In essence, then, the first part of the woman's fertile phase is determined by the survival of the sperm; the second part by the viability of the egg. When FAM is used for birth control, this typically adds up to about 9 or 10 days, during which abstinence or a barrier method of contraception is called for. This fertile phase includes a significant safety margin on both sides of the woman's fertile phase.*

*The maximum ovum viability of 2 days is calculated by assuming a 24-hour life span for each egg, the last one being released a full 24 hours after the first. In reality, this is highly unlikely in that eggs probably live closer to 12 hours, and multiple ovulations probably occur closer together. And while you must count on sperm survival of 5 days, 2 to 3 is much more probable. Sperm viability of longer than 3 days has been documented, though this is extremely rare, and in any case would not affect the contraceptive principles of FAM given that sperm without cervical fluid present will live at most a few hours.

GLOSSARY

Fertility drugs: Drugs used to stimulate ovulation. The two most common are Clomid and Pergonal.

Fetus: A name for a developing embryo from 6 weeks after fertilization until the time of birth.

Fibrocystic breast disease: A misleading term for nothing more than a common benign disorder characterized by the formation of fluid-filled sacs in one or both breasts.

Fibroid: A fibrous and muscular growth of tissue in or on the wall of the uterus.

Fimbriae: The end of the fallopian tube near the ovary. The fimbriae pick up the egg immediately after ovulation.

First 5 Days Rule: One of the four natural birth control rules. It states that you are safe the first five days of the menstrual cycle if you had an obvious temperature shift 12 to 16 days before. This rule is considered less effective if you have had cycles of 25 days or less or have premenopausal symptoms.

Follicle: A small fluid-filled structure in the ovary that contains the egg (ovum). The follicle ruptures the surface of the ovary, releasing the ovum at ovulation.

Follicle-stimulating hormone (FSH): The hormone produced by the pituitary gland that stimulates the ovaries to produce mature ova and the hormone estrogen.

Gamete: The mature reproductive cells of the sperm and ovum.

Gamete Intra-fallopian Transfer: See GIFT.

Gestation: The period of development from conception to the end of pregnancy and birth.

GIFT, Gamete Intra-fallopian Transfer: A procedure in which the woman's eggs are removed from her ovaries and then placed in her fallopian tube with her partner's sperm. Unlike IVF, fertilization takes place in the fallopian tube, not a petri dish.

Gonadotropin Releasing Hormone (GnRH): A chemical substance produced by the hypothalamus in the brain. It stimulates the pituitary gland to produce and release both FSH and LH, hormones which in turn lead to follicular development and ovulation.

Gonadotropins: The hormones produced by the pituitary gland of males and females that regulate maturation of the sperm and egg. The most important gonadotropins are FSH and LH.

Gonads: The primary sex glands of the ovaries and testes.

HCG, Human chorionic gonadotropin, typically referred to as the "pregnancy hormone." It is produced by the developing embryo when it implants into the uterine lining. Its main action is to maintain the corpus luteum and hence the secretion of estrogen and progesterone until the placenta has developed sufficiently to take over hormonal production. See **Pregnancy test**.

Hormone: A chemical substance produced in one organ and carried by the blood to another organ where it exerts its effect. An example is FSH, which is produced in the pituitary gland and travels via the blood to the ovary, where it stimulates the growth and maturation of follicles.

Hormone replacement therapy: The use of manufactured hormones, particularly estrogen, to replace the perimenopausal woman's diminished natural supply of hormones. Prescribed to alleviate menopausal symptoms such as vaginal dryness and hot flashes, as well as to prevent osteoporosis.

HSG, Hysterosalpingogram: An X-ray taken after a special dye is injected through the cervix to produce an image of the inside of the uterus and fallopian

tubes to determine whether the tubes are blocked or have scarring.

Hypothalamus: A part of the brain located just above the pituitary gland. It produces several functions of the body. It produces hormones

and regulate the development and activity of

the reproductive system.

Hysteroscopy: Exploratory surgery to view the

uterus and fallopian tubes.

Idiopathic infertility: Infertility of unknown

GLOSSARY

- Dry Day Rule:** One of the four natural birth control rules. It states that before ovulation, you are safe for unprotected intercourse the evening of every dry day (after 6 P.M.).
- Dry days:** Days when you observe no cervical fluid or bleeding and have a dry vaginal sensation.
- Dysmenorrhea:** Painful menstruation. Painful spasmodic contractions of the uterus, which usually arise just prior to or for the first few hours of menstruation, and then gradually subside.
- Dyspareunia:** Painful or difficult intercourse.
- Ectopic pregnancy:** The implantation and development of a fertilized ovum outside the uterus, usually in the fallopian tube.
- Eggwhite-quality cervical fluid:** The most fertile type of cervical fluid a woman produces. It typically resembles raw eggwhite and tends to be clear, slippery, and stretchy. It usually appears in the 2 or 3 days preceding ovulation.
- Embryo:** The initial stages of development from the fertilized egg to around six weeks after conception.
- Endocrinologist:** A physician who specializes in the function of hormones.
- Endometrial biopsy:** The removal of a small part of the uterine lining (endometrium) for examination under the microscope. Used to determine whether the woman's lining is developing appropriately.
- Endometriosis:** The growth of endometrial tissue in areas other than the uterus, for example, in the fallopian tubes or the ovaries. A woman may be asymptomatic, or she may have lower abdominal pain which worsens during menstruation, pain during intercourse, and unusually long menstrual periods. Hormone therapy, surgery, and pregnancy may improve the condition. Endometriosis may cause infertility.
- Endometrium:** The lining of the uterus which is shed during menstruation. If conception occurs, the fertilized egg implants within it.
- Epididymis:** The beginning of the sperm duct, where sperm are stored, matured, and transported. It is attached to the testicles.
- Estrogen:** The hormone produced mainly in the ovaries, responsible for the development of female secondary sex characteristics, as well as one of the primary hormones that control the menstrual cycle. Increasing estrogen levels in the first part of the menstrual cycle produce significant changes in the cervical fluid and cervix, indicating fertility.
- Falloback temperature shift pattern:** A type of thermal shift in which the temperature drops on or below the coverline on the second day after having already risen above it.
- Fallopian tube:** One of a pair of tubes through which the ripened ovum is transported from the ovary towards the uterus. Sperm swim from the uterus toward the outer end of the fallopian tube where fertilization may take place.
- False temperature rise:** A temperature rise due to causes other than ovulation, such as fever, restless sleep, or drinking alcohol the night before. It can also be caused by taking your temperature substantially later than usual.
- Fermeing:** The characteristic pattern produced by fertile cervical fluid when dried on a glass slide. So named because it resembles a fern.
- Fertile phase:** The days of the menstrual cycle during which sexual intercourse or insemination may result in pregnancy. It includes several days leading up to and immediately following ovulation.
- Fertile-quality cervical fluid:** Cervical fluid that is wet, slippery, stretchy, or resembles raw eggwhite. This type of cervical fluid appears around the time of ovulation, allowing sperm to live and travel in it for about 3 to 5 days.
- Fertility Awareness Method:** A means of determining one's fertility through observing the three primary fertility signs: waking temperature, cervical fluid, and cervical position.

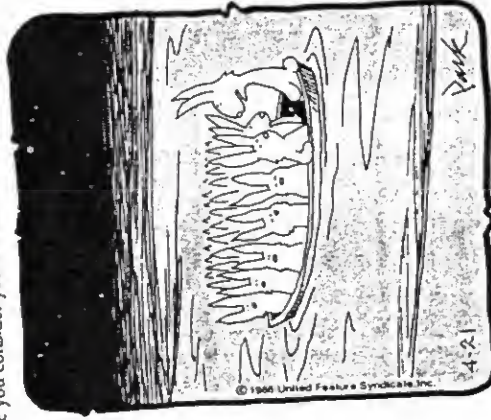
By thinking of female fertility as a range, you should see that even experienced FAM users can only identify when their fertility begins and ends, and not the exact day of ovulation. In order to use the method effectively, though, it isn't necessary to pinpoint the precise moment that the egg is released. For most women, the cycle can basically be divided into three parts. Note that the four FAM rules identify the beginning and end of the fertile phase, the time that unprotected intercourse can result in pregnancy.

THE THREE PHASES OF THE CYCLE

Preovulatory Infertile Phase	Fertile Phase	Postovulatory Infertile Phase
	The Four FAM Rules	
1) First 5 Days Rule		3) Temperature Shift Rule
2) Dry Day Rule		4) Peak Day Rule

What follows are the contraceptive rules you must employ to use the Fertility Awareness Method with maximum safety. While they may be a bit tricky to internalize on a first reading, they should become intuitive if you've understood the basic biological principles presented earlier in the book. I suggest you read this section slowly and several times, as well as carefully review all of Chapter 6. It's basically easy but as with any new process, it requires a little patience.

To be safe, I strongly suggest that you chart at least two full cycles before relying on these rules for birth control. The peace of mind you'll gain will be more than worth it. If you still find you need further clarification, I would encourage you either to take a class on the Fertility Awareness Method or meet with a qualified instructor. Finally, a guiding principle is that if you encounter any ambiguity, be conservative. All four rules should indicate that you are infertile before you consider yourself safe. If in doubt, don't!



"I'm only gonna say this one more time: Our only chance is self-control."

GLOSSARY

THE FOUR FAM RULES PREOVULATORY INFERTILE-PHASE RULES

1. FIRST 5 DAYS RULE

You are safe the first 5 days of the menstrual cycle if you had an obvious temperature shift 12 to 16 days before.

The First 5 Days Rule applies to the first 5 days of the cycle, regardless how many days you actually bleed. Any bleeding after the 5th day of the cycle should be considered fertile, since it could mask your ability to check cervical fluid.

By noting an obvious thermal shift 12 to 16 days before you bleed, you have strong evidence that ovulation occurred that previous cycle. This confirms that the bleeding within the first 5 days of the new cycle is true menstruation and not ovulatory spotting or abnormal bleeding unrelated to menses.

Cycle Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Cervical Fluid	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Chart 9.1. The First 5 Days Rule.

This rule is highly effective because the combined risk of ovulation occurring on Day 10 or earlier and sperm living long enough to fertilize the egg is, statistically speaking, extremely rare. Remember, sperm can generally survive a maximum of 5 days, and even that is only in fertile quality cervical fluid. Still, the rule should be modified for women with a recent history of very short cycles, and it should not be relied upon for women with premenopausal signs.

1. If any of your last 12 cycles have been 25 days or shorter, you should only assume that the first 3 days are safe. This extra precaution is taken because of the increased risk of a very early ovulation. If cervical fluid were to develop while you were menstruating, you would be unable to detect it through the blood, and thus sperm could theoretically survive the few days necessary to fertilize the egg. There is some disagreement in the FAM community over the necessity of this conservative guideline, but I would personally recommend it.
2. Women approaching menopause with such signs as hot flashes and vaginal dryness should not rely upon this rule at all. This is because premenopausal women are subject to major hormonal changes which could result in dramatically early ovulations (see page 247).

* Unlike the other three rules in this chapter, a part of the First 5 Days Rule admittedly relies on past cycles to estimate a possibly increased risk of present fertility. However, there is a fundamental difference between this particular guideline and the Rhythm Method. The likelihood of conception occurring from intercourse on Day 3 or before is very remote, whereas the chances of ovulation varying widely from Day 10 onward is extremely high. The principle here is to simply add one more buffer for women who may have a somewhat higher risk than the statistical average.

For the record, it is likely that the vast majority of women who only connected from sex during their period had intercourse at the end of a long menstruation, on Day 6 or later. There is also a definite possibility that what was perceived as sex during menses actually took place during ovulatory spotting.

Cervical crypts: Pockets in the lining of the cervix that secrete cervical fluid.

Cervical erosion: The condition of the cervix when the cells lining the cervical canal grow over the lip of the cervix.

Cervical fluid: The secretion produced within the cervix that acts as a medium in which sperm can travel. Its presence and quality are directly related to the production of estrogen and progesterone. Analogous to a man's seminal fluid, it is one of the three primary fertility signs, along with cervical position and waking temperature. Cervical fluid typically gets progressively wetter as ovulation approaches. See Sticky, Creamy, and Eggwhite-quality cervical fluid.

Cervical mucus: See cervical fluid.

Cervical os: The opening of the cervix.

Cervical palpation: Feeling the cervix with your middle finger to determine its height, softness, and opening.

Cervical polyp: A soft, noncancerous tumor that develops high up in the cervical canal, often protruding through the cervix. It may cause no symptoms at all, or it may cause bleeding or cramping.

Cervical position: The term used to describe one of the three primary fertility signs. In this book, cervical position refers to three facets of the cervix: its height, softness, and opening.

Cervical tip: The opening of the cervix, often referred to as the cervical os.

Cervix: The lower portion of the uterus that projects into the vagina.

Chlamydia: A highly prevalent sexually transmitted disease. It can lead to infertility, through scarring of the fallopian tubes.

Chromosome: One of the 46 microscopic units within each cell that carries the genetic material responsible for inherited characteristics.

Cloimid (clomiphene citrate): A commonly prescribed drug primarily used to induce ovulation.

Colposcopy: A procedure used to examine the vagina and cervix under magnification through an instrument known as a colposcope. It is of particular value in the early detection of cancer of the cervix.

Corpus luteum: The yellow gland formed by the ruptured follicle after ovulation. If the egg is fertilized, the corpus luteum continues to produce progesterone to support the early pregnancy until the placenta is formed. If fertilization does not occur, the corpus luteum degenerates within 12 to 16 days.

Corpus luteum cyst: A rare and temporary condition in which the corpus luteum doesn't disintegrate after its typical 12-to-16-day life span. It may lead women to mistakenly believe they are pregnant by delaying their periods and maintaining their high postovulatory temperatures beyond 16 days.

Covertime: A line used to help delineate pre- and postovulatory temperatures on a fertility chart.

Cowper's gland: One of a pair of small glands that secretes the lubricative pre-ejaculatory fluid in the male, changing the urethra from acidic to alkaline.

Creamy cervical fluid: The quality of cervical fluid that is generally wet and often similar to the consistency of hand lotion. It is considered fertile, although not as fertile as the eggwhite cervical fluid that usually follows it.

Creighton model/ovulation method: A cervical fluid method developed by Dr. Thomas Hilgers.

D and C: See Dilation and curettage.

Danazol: A synthetic hormone used to treat endometriosis.

Dilation and curettage ("D and C"): A surgical procedure used to scrape the surface of the endometrium with an instrument called a curette. Prior to the curettage, the cervix is gradually opened with instruments called dilators.

Discharge: An emission from the vagina. In this book, it refers to an unhealthy symptom of an infection.

Double ovulation: The release of two separate eggs in one menstrual cycle. Both eggs are released within a 24-hour period.

homeopathy - a healing tradition based on the doctrine that like cures like. The potent but harmless essence or energy of plants is used as a healing agent.

2. DRY DAY RULE

Before ovulation, you are safe the evening of every dry day.

Allopathic, allopathy - a healing tradition which uses chemical drugs and surgery to combat symptoms, sometimes producing iatrogenic (doctor caused) disease.

Adhesion: Fibrous tissue that abnormally binds organs or other body parts. It is usually the result of inflammation or abnormal healing of a surgical wound.

AI: See Artificial Insemination.

AI: See Artificial Insemination.

AIDS: Acquired immune deficiency syndrome. A fatal disease that is most often transmitted sexually. It is caused by a virus that damages the body's immune system, resulting in infections and cancers.

Amenorrhea: Prolonged absence of menstruation. Causes include stress, fatigue, psychological disturbances, obesity, weight loss, anorexia nervosa, hormonal contraceptives, and medical disorders.

Amniocentesis: Puncture of the fluid sac surrounding the fetus through the abdominal wall and uterus to obtain a sample of the amniotic fluid for testing. The procedure, performed around the sixteenth week of pregnancy, can be used to identify various birth defects.

Androgens: Male sex hormones, responsible for the development of male secondary sex characteristics, including facial hair and a deep voice. Most androgens, including the principal one, testosterone, are produced in the testes. Small amounts of androgens are also produced in a woman's ovaries and adrenal glands.

Anovulation: The absence of ovulation.

Arousal fluid: The colorless, lubricative fluid secreted around the vaginal opening in response to sexual stimulation. In preparation for intercourse, Arousal fluid should not be confused with fertile cervical fluid, which is secreted in a cyclical pattern around ovulation.

Artificial Insemination: A procedure in which sperm is deposited just inside the cervix, or inside the uterus. (See IUI.)

Bartholin's glands: Small glands that produce a colorless lubricative fluid around the vaginal opening in response to sexual stimulation. This fluid is often termed, arousal fluid.

basal body temperature (BBT): See Waking temperature.
 Basic Infertile Pattern (BIP): An extended, unchanging pattern of cervical fluid or dryness that women occasionally experience instead of the normal pattern of progressively wetter (and more fertile) cervical fluid. Such a pattern generally indicates relative inactivity of the ovaries and low estrogen levels.

BT method: Basal body temperature method. A type of natural birth control in which the postovulatory infertile phase of the menstrual cycle is identified exclusively by a sustained rise in basal body temperature. Because those who use this method do not chart cervical fluid, they must either abstain or use barriers during the entire preovulatory phase of the cycle.

Billings method: A natural birth control method in which days of fertility are identified, exclusively by observations of cervical fluid at the vaginal opening. Developed by

Drs. John and Evelyn Billings.
IP: See Basic Infertile Pattern.

iphasic temperature pattern. A temperature chart that shows a pattern of relatively low temperatures in the preovulatory phase of the cycle, followed by a postovulatory higher level for about 12 to 16 days, until the next menstruation.

lighted ovum: A pregnancy in which no fetus ever developed in the pregnancy sac.

breakthrough bleeding: Bleeding due to excessive estrogen production, which causes the endometrium to grow beyond the point that it can sustain itself. It usually occurs during anovulatory cycles.

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[illegible]

Chart 9.2. Dry Day Rule. Note that she is safe the evening of every preovulatory dry day, which in this chart occurs on Days 5 to 10.

1. Before ovulation, you are safe for unprotected intercourse the evening of every dry day (after 6 P.M.). • Dryness is determined by checking throughout the day and observing that no cervical fluid or wetness is present at any point during the day. But as soon as you see even sticky-quality cervical fluid, you should consider yourself potentially fertile.

It may surprise you that you must consider sticky cervical fluid as potentially fertile before ovulation. It's true that it's very difficult for sperm to survive in it. However, the rules are extremely conservative, and take into consideration the fact that a woman may not be able to differentiate between sticky cervical fluid and the beginning phases of the wetter, creamier quality. In addition, this eliminates the risk of wetter fluid dripping down from the cervical up in time to save the few heavy sperm that may have survived.

Therefore, before ovulation, the only days that are considered safe are those dry days in which there is no cervical fluid present. (Note that women will always notice a slight dampness or moistness at the vaginal opening, which quickly dissipates from the finger. These days are still considered dry if you have no cervical fluid.)

2. The day after intercourse is marked with a question mark if semen or spermicide is present, because they can mask the presence of cervical fluid. The evening of a "Semen Day" is considered fertile since there is no way to prove that day is indeed dry. (For recording semen, see Chart 9.3 below. Better yet, for an efficient way to eliminate semen, refer back to page 85 on SETs.)

If, by the end of the day after intercourse, you are dry all day, you are safe for unprotected intercourse again that evening. There are two reasons why you can have peace of mind using the Dry Day Rule before ovulation:

a. Sperm can't survive if there's no cervical fluid present to sustain them. At longest, they will live a few hours. And because the sticky-quality cervical fluid that develops before wetter types is just about as inhospitable to sperm as a completely dry vaginal environment, the risk of conception is extremely low.

b. If you don't have cervical fluid, it's an indication that your estrogen levels are so low that you're not near ovulation. Remember that ovulation is preceded by a buildup of wet-quality cervical fluid.

[illegible]

Chart 9.3. When semen masks cervical fluid. Note that she is safe on the evenings of preovulatory dry days, but any day with residual semen must be recorded with a question mark, as she did on Days 6 and 8. These days are considered potentially fertile.

DRY DAY RULE CONT.

The above two reasons should reduce fears that you might have regarding the issue of sperm surviving long enough for an egg to pop out. To exaggerate the point, even if sperm could live 10 days in ideal conditions and ovulation occurred the day after intercourse, it's extremely unlikely you would get pregnant if your lovemaking was on a dry day. Of course, this scenario would probably never happen, but I want to stress the concept of sperm needing fertile cervical fluid in order to survive and move.

Finally, you should realize that because sperm can survive for 5 days if fertile-quality cervical fluid is present, you absolutely cannot rely on ovulation predictor kits, which only give about one day's warning of impending ovulation. And just for the record—no, arousal fluid and lubricants don't provide the necessary environment for sperm survival.

3. After a couple cycles of charting you may notice that immediately after your period ends you don't have any dry days. Rather, you have a sticky-quality cervical fluid that starts just after menstruation and continues day after day until you see the change into a wetter quality. This just means that your Basic Infertile Pattern (BIP) during your infertile phase is sticky rather than dry. If this is the case, you may be able to apply the Dry Day Rule on those days of sticky cervical fluid, treating the sticky days as if they were dry. Of course, the first sign of wet cervical fluid is considered fertile.

This exception, though, only applies to those who never experience dry days preovulatory. And even then, you should be aware that you may be taking a somewhat increased risk in following this modified guideline. Because of this, I strongly suggest that if you are using FAM with a sticky BIP, you verify that there is no wet cervical fluid at your cervical tip before having intercourse. (See Chart 9.4 *postovulatory pregnancy*.)

Chart 9.4. Basic Infertile Pattern of sticky cervical fluid. After charting a couple of cycles, Kelly notices that her Basic Infertile Pattern is sticky rather than dry immediately following her period. Because this is her preovulatory pattern, she may treat Days 6 to 11 above as if they were dry and follow the Dry Day Rule. In order to minimize the risk of pregnancy, she verifies that no wet cervical fluid is present at her cervical tip before having intercourse.

Cervical Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Cervical Fluid																														
Period Day																														
Notes																														
Comments																														

POSTOVULATORY INFERTILE-PHASE RULES

3. TEMPERATURE SHIFT RULE

You are safe the evening of the third consecutive day your tempera-

EARLY SIGNS of PREGNANCY IN A CHART #3

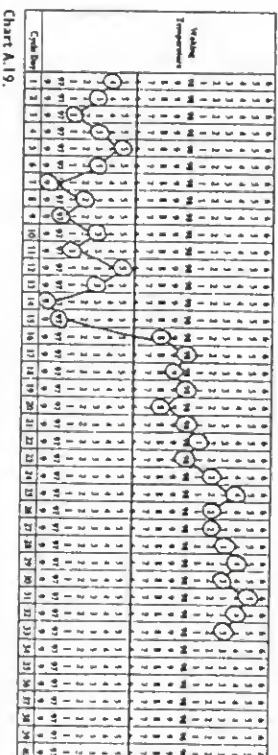
18 OR MORE HIGH TEMPERATURES AFTER OVULATION

If you have 18 or more consecutive high temperatures above the coverline with no sign of a period, it is almost always an indication of pregnancy. The sustained high temperatures are caused by the continual release of progesterone from the corpus luteum, which remains viable beyond the normal 12 to 16 days, once a pregnancy occurs. In fact, in many pregnant women, the pattern of high temperatures even increases into a third level caused by the additional progesterone in their body (see opposite page).

Remember that most women will have a very consistent luteal phase (the time from ovulation to menstruation). So, for example, if your own luteal phase is typically about 13 days, and your temperature remains high for 16 days, there is a good chance that you are pregnant. The point is to determine if the temperatures are staying high longer than what is normal for you.

Another possible reason for 18 high temperatures is that occasionally a woman may develop a corpus luteum cyst, a rare condition in which the corpus luteum continues to live beyond the normal 12 to 16 days—even when she isn't pregnant. If this should happen, the temperature may continue to remain high due to the progesterone that is still being emitted from the persistent corpus luteum. Of course, if the progesterone doesn't drop, the uterine lining is not shed during menstruation. It would therefore appear that you were pregnant.

You may also notice light spotting and mild pain about the time your period is due. A pregnancy test combined with a manual exam of the uterus may be warranted to rule out such an occurrence. If it turns out that you do have a corpus luteum cyst, the good news is that they usually dissipate on their own.



EARLY SIGNS OF PREGNANCY IN A CHART #2

SPOTTING ANYTIME FROM WEEK AFTER OVULATION TO EXPECTED PERIOD

If you experience spotting anytime from about a week after your temperature rises to the expected date of your period, it may be a sign of pregnancy. When the fertilized egg burrows into the uterine lining, it can cause implantation spotting. If you have reason to think you might be pregnant, pay special attention to your temperatures to see whether they remain above the coverline for at least 18 days (see page 142).

Please note that if you prefer to take a pregnancy test, even the most sensitive ones won't be valid until you've had at least 10 high temperatures. You should be aware that store-bought tests generally require a few more days because they are not as sensitive to the minute amounts of HCG that the embryo initially emits.

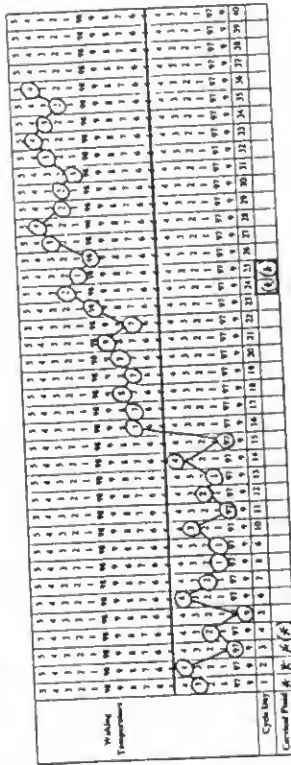


Chart A.5.

I INCLUDED THESE 3 CHARTS BECAUSE THEY REPRESENT GOOD WAYS TO KNOW - VERY EARLY ON - IF YOU MIGHT BE PREGNANT, BEFORE YOU'VE 'MISSED' YOUR NEXT PERIOD, IN WHICH CASE YOU MAY CHOOSE TO TRY A 62- MENSTRUAL PROMOTER: PAGE 80

TEMPERATURE SHIFT RULE CONT.

The Coverline and Your Thermal Shift

You may want to review page 18 on how to draw a coverline. The following rules assume that you have already internalized that information.

1. You are considered infertile starting at 6 P.M. the third consecutive night that your temperature remains above the coverline. Record the 1, 2, 3 in the Temp Count column of your chart. Draw a vertical line between Days 2 and 3 of high temperatures to indicate that you are safe from the third evening on. (See Chart 9.5 on previous page.)
2. If a temperature falls on or below the coverline during the 3-day count, you must start the count over again once it has risen back above the line (I know, boo, hiss). However, you don't have to draw the coverline again.
3. If you are sick, you should not consider yourself safe until you have recorded three consecutive normal temperatures above the coverline without having a fever. (Page 276 explains how illness can affect fertility.)

You should review the Rule of Thumb on page 75 to see how to handle outlying preovulatory temperatures caused by such factors as alcohol consumption and lack of sleep (as well as a fever). Remember that the resulting temperatures can be discounted, but in order to determine your coverline, you must count back six low temperatures, not including the days eliminated. Also remember to compensate for any possible temperature rise caused by Daylight Savings or travel to another time zone.

If you notice that your temperature has risen either higher than normal or earlier than you would expect, pay close attention. This is an important time to observe your other fertility signs as well. Ovulation is virtually always preceded by a buildup of wet cervical fluid and changes in the cervix. If you didn't observe the fluid changes, you shouldn't assume that you've already ovulated.

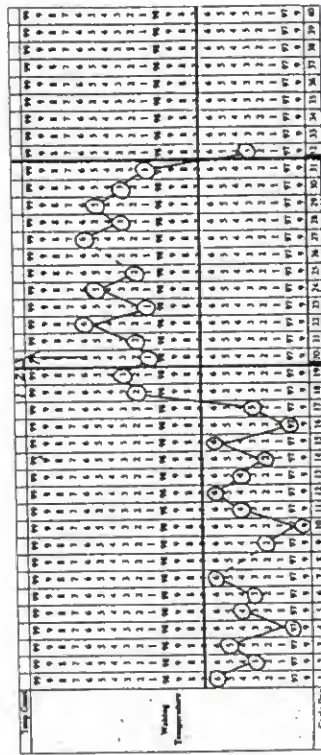


Chart 9.5. Temperature Shift Rule. Note that she had a thermal shift on Day 18 and then drew the appropriate coverline. She then recorded 1, 2, 3 in the Temp Count column and started her infertile phase the evening of Day 20 after three consecutive high temperatures above the coverline.

Chart 9.6. Peak Day Rule. Her last day of wet ground = Day 1.

4. PEAK DAY RULE

You are safe the evening of the 4th consecutive day after your Peak Day.

- Remember that if your last day of eggwhite is on a Monday, but you still have one more day of lubricative vaginal sensation (or spotting) on Tuesday, your Peak Day is Tuesday. Of course, the reverse applies as well.

2. You are considered safe after 6 P.M. the evening of the 4th consecutive day following the Peak Day. Draw a vertical line between Days 3 and 4 to indicate that you are safe from the 4th evening on. (Note that you are still considered infertile even if you have sticky days after you've drawn the vertical line.)

3. If you have a cervical fluid pattern in which you have a day of creaminess after your last day of eggwhite (most women have nothing or sticky), your Peak Day is still considered that last day of eggwhite. However, if you cannot identify an obvious thermal shift by the second morning after the last eggwhite day, or your creamy days continue, you should be conservative and consider the last Creamy day that you have as your Peak Day.

4. Usually, any wetness will dry up until the next cycle, but if wet cervical fluid or vaginal sensations reappear during the 4-day count, as in the chart above, wait until the wetness ends to reestablish the Peak Day. Begin the count over again. This type of recurring pattern is sometimes referred to as a "split peak" and is often caused by stress or illness. A delayed thermal shift will ultimately confirm when you have finally ovulated.

A Word About Vaginal Infections

Almost all women will experience real vaginal infections at various points in their lives. True infections will usually cause symptoms that can mask cervical fluid. For this reason, you should abstain from intercourse during an infection, since the signs may be too ambiguous to be reliable. Regardless, you should abstain anyway to allow your body a chance to heal and to avoid passing the infection back and forth (for a more detailed description of true vaginal infections, see page 199.)

TWO LEVELS OF HIGH TEMPERATURES AFTER OVULATION
(TRIPHASIC PATTERN)

As mentioned in the previous section, a triphasic pattern of temperatures is virtually always caused by pregnancy. It is the result of additional progesterone circulating in the woman's body, and increases about the time of implantation of the egg. While there is apparently no discussion of this phenomenon in the medical literature, my professional experience is that this triphasic pattern seems to occur in most pregnant women who chart. (See page 6 of color insert.)

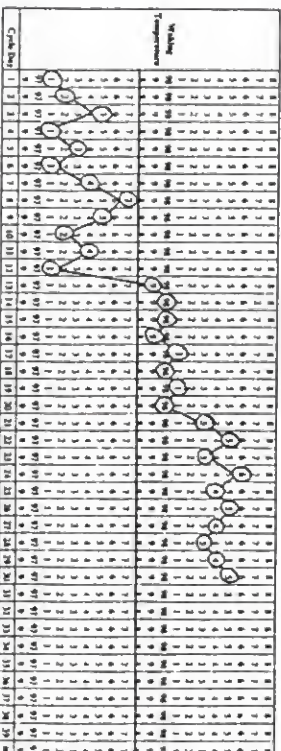


Chart A.20.

THIS PATTERN ALMOST ALWAYS
INDICATES PREGNANCY. YOU
MAY CHOOSE, AT THIS POINT, A
MENSTRUAL PROMOTER, FOUND
AT THE BACK OF THIS
PAMPHLET - PAGES
62-80 ...

PEAK DAY RULE CONT

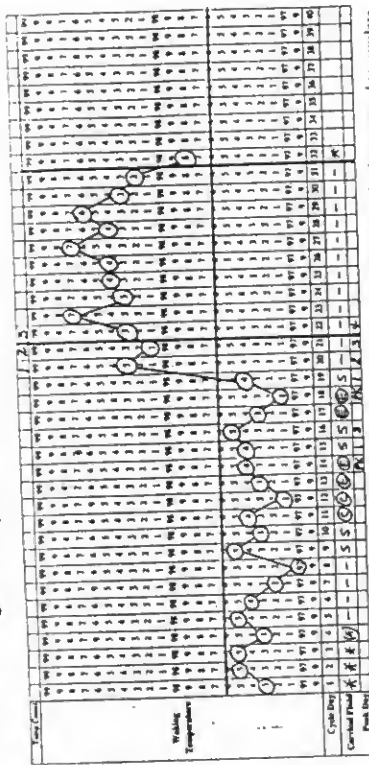


Chart 9.7. Split peaks. Note that she had what is referred to as a split peak. Her body prepared to ovulate by producing fertile-quality cervical fluid starting on Day 11, but then stress or some other factor delayed her ovulation. In this case, it appeared that her Peak Day was Day 14, but after only a couple of days she started producing wet cervical fluid again, so she had to start the count over. Her true Peak Day was then Day 18, after which she counted 1, 2, 3, 4 and considered herself safe starting on the evening of Day 22. While these split peaks can be confusing, a thermal shift will clarify the picture and allow you to determine whether ovulation has actually occurred.

PUTTING IT ALL TOGETHER

You should be aware that the Peak Day of cervical fluid typically occurs a couple of days before the rise in temperature. This pattern has an advantage in that cervical fluid usually dries up quickly the day after the Peak Day, and thus most women can predict their temperature rise the day before it appears.

In addition, note that before ovulation, the cervical fluid is the critical fertility sign to observe, because it is the one that reflects the high estrogen levels indicating the impending release of the egg. But after ovulation, the temperature is the critical fertility sign, because it confirms that ovulation has indeed occurred.

The rules that apply to alter ovulation will often work in harmony with each other, so that the third evening of high temperatures will coincide with the fourth evening after the Peak Day. However:

1. If there is a discrepancy between the two postovulatory rules, always wait until both signs indicate infertility to be most conservative (i.e., until the evening after the vertical line farthest to the right). This assures that all the signs have coincided before you consider yourself infertile.
2. If in doubt, don't take a risk! If your fertility signs don't make sense in any given cycle, it's not worth risking unprotected intercourse if it's critical that you avoid pregnancy.

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The next two pages summarize the rules that you have learned in this chapter, as well as show you how they would typically appear on your chart.

AGAIN 4 RULES

NATURAL BIRTH CONTROL AT YOUR FINGERTIPS...

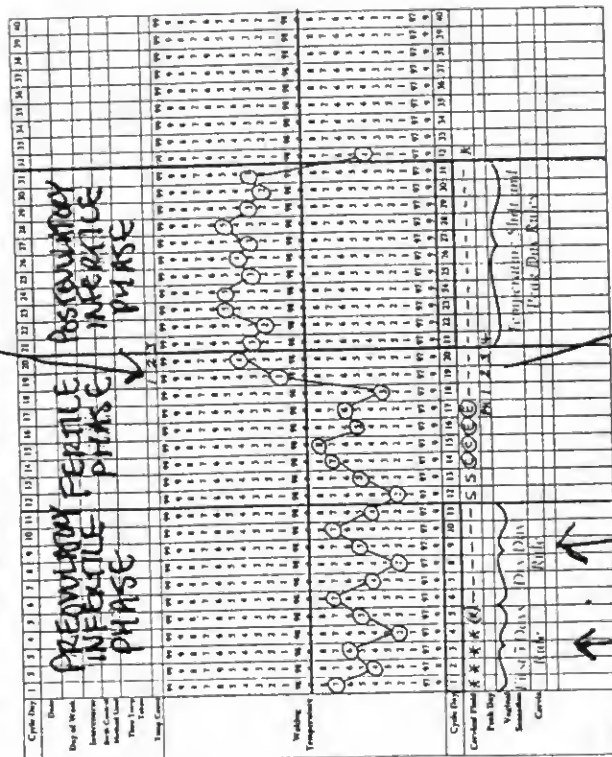


Chart 9.8. The fertile and infertile phases as defined by the four standard FAM rules.

PEAK DAY RULE

FIRST 5 DAYS RULE

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3. A SUMMARY OF THE FOUR FAM RULES
The basic biological principles are italicized below each respective rule.

1. FIRST 5 DAYS RULE

You are safe the first 5 days of the menstrual cycle if you had an obvious temperature shift 12 to 16 days before.

For most women, the combined risk of ovulation occurring on Day 10 or earlier and sperm living long enough to fertilize the egg is extremely remote.

2. DRY DAY RULE

Before ovulation, you are safe the evening of a dry day.

Sperm cannot survive in a dry vaginal environment, and the lack of cervical fluid indicates that estrogen levels are too low for ovulation to occur.

3. TEMPERATURE SHIFT RULE

You are safe the evening of the 3rd consecutive day your temperature is above the coverline.

The rise in temperature due to the release of progesterone indicates that ovulation has occurred, and waiting three days allows for the remote possibility of two or more eggs being released over a 24-hour period, with each one living a full day.

4. PEAK DAY RULE

You are safe the evening of the 4th consecutive day after your Peak Day.

The last day of wet cervical fluid or vaginal sensation indicates the imminence of ovulation, while allowing 4 days for drying up assures that any eggs released are already gone, and that the return of a dry vaginal environment is inhospitable to sperm survival.

A CAUTIONARY NOTE

While this box is a useful summary, you must clearly understand all the guidelines for each rule described in this chapter before using FAM for birth control. It is also critical that you don't consider yourself safe unless all the rules indicate that you're infertile. If you have any doubts, don't take the risk.

Finally, you should know that these rules are a highly effective form of contraception if they are consistently and correctly followed.

However, the relative risks of natural birth control should be understood by the user. I therefore urge you to read Appendix D before relying on what you have learned in these last few pages.

A Word About Your Cervical Position

As discussed in Chapter 5, the changes in your cervix can also help you determine if you are fertile. However, it is considered an optional sign, since it is generally only used to confirm the changes in temperature and cervical fluid. For this reason, there are no specific rules about the changes in your cervix presented in this book. But I do encourage you to observe your cervix if you want one more fertility sign to corroborate the others.

ALL FOUR RULES TO AVOID CONCEPTION

NATURAL BIRTH CONTROL AT YOUR FINGERTIPS...

FERTILE RISK

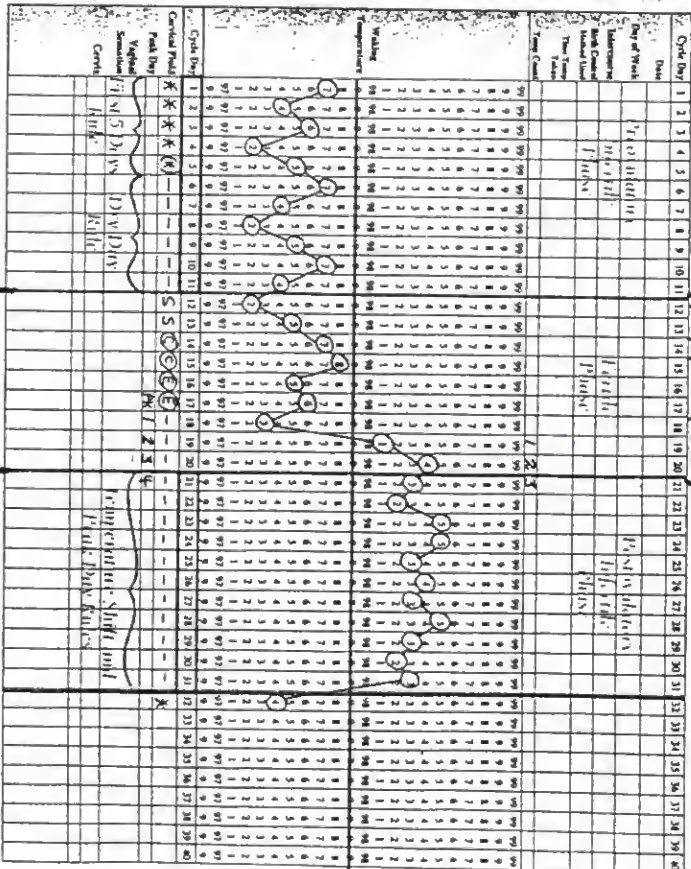


Chart 9.8. The Fertile and Infertile Phases as defined by the four standard FAM rules.

THESE 9 DAYS IN THIS CHART REPRESENT THE POTENTIAL RISK OF FERTILIZATION.

YOU EITHER ABSTAIN HERE, OR USE CONDOMS.

THOROUGHLY RE-READ PREVIOUS PAGES BEFORE PROCEEDING

FOR REAL! DO NOT RE-READ PREVIOUS PAGES BEFORE PROCEEDING

RE-READ PREVIOUS PAGES BEFORE PROCEEDING

RE-READ PREVIOUS PAGES BEFORE PROCEEDING

RE-READ PREVIOUS PAGES BEFORE PROCEEDING

THOROUGHLY RE-READ PREVIOUS PAGES BEFORE PROCEEDING

Fertility Cycle

Fertility Cycle #

Master Chart